



CHCCCS008

Develop strategies
to address
unmet needs



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Develop strategies to address unmet needs

Release 1

Learner Guide

Aspire Version 1.1

CHCCCS008 Develop strategies to address unmet needs, Release 1

© 2023 Aspire Training & Consulting
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First published March 2023

Cover design Anne-Marie Reeves Design

Printer Doculink Australia Pty Ltd, 1d/28 Rogers Street, Port Melbourne VIC 3207

e-ISBN 978-1-76123-145-2 (PDF version)

ISBN 978-1-76123-144-5

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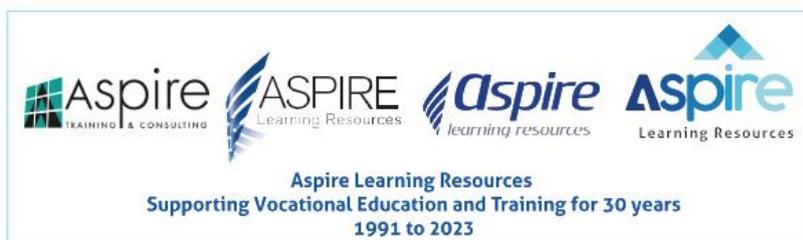
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Aspire acknowledges the homelands of all Aboriginal and Torres Strait Islander peoples and pays our respect to Country



Before you begin

This Learner Guide is based on the unit of competency *CHCCCS008 Develop strategies to address unmet needs*, Release 1.

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

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 Identify potential unmet needs	1A Recognise unmet needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1B Determine what information is needed for a full assessment and gather information on unmet needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1C Identify people who should be involved in the assessment process	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	1D Collect information to support reporting, analysis and development of individualised plans	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident



Topic	Key outcome	Rate your confidence in each section
Topic 2 Develop individualised strategies to meet the person’s needs	2A Contribute to the development of respectful, proactive support strategies	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2B Address impaired social judgement and decision making, and set limits and boundaries	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2C Integrate individual active, reactive and crisis responses based on individual needs	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2D Develop responses according to duty of care, ethical and legal requirements	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	2E Consult with colleagues and stakeholders and document the individualised plan	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 3 Monitor effectiveness of individualised plans	3A Monitor effectiveness of strategies for positive and adaptive responses and reducing harm	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3B Identify and report level of intrusion on the person’s dignity and self-esteem	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	3C Review individualised plans, recommend modifications and consult with stakeholders	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
Topic 4 Complete reporting requirements	4A Prepare reports and other documentation	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident
	4B Keep documents up to date	<input type="checkbox"/> Confident <input type="checkbox"/> Basic understanding <input type="checkbox"/> Not confident





Topic 1: Identify potential unmet needs

- 1A Recognise unmet needs
- 1B Determine what information is needed for a full assessment and gather information on unmet needs
- 1C Identify people who should be involved in the assessment process
- 1D Collect information to support reporting, analysis and development of individualised plans



1A

Recognise unmet needs

It is important for workers in the community services sector to be able to identify the needs of the people they support.

The ability to identify a person's needs is especially important when the person has difficulty understanding or articulating their needs because of a disability or medical condition. These people may have unmet needs relating to their physical or emotional health and wellbeing or their environment.

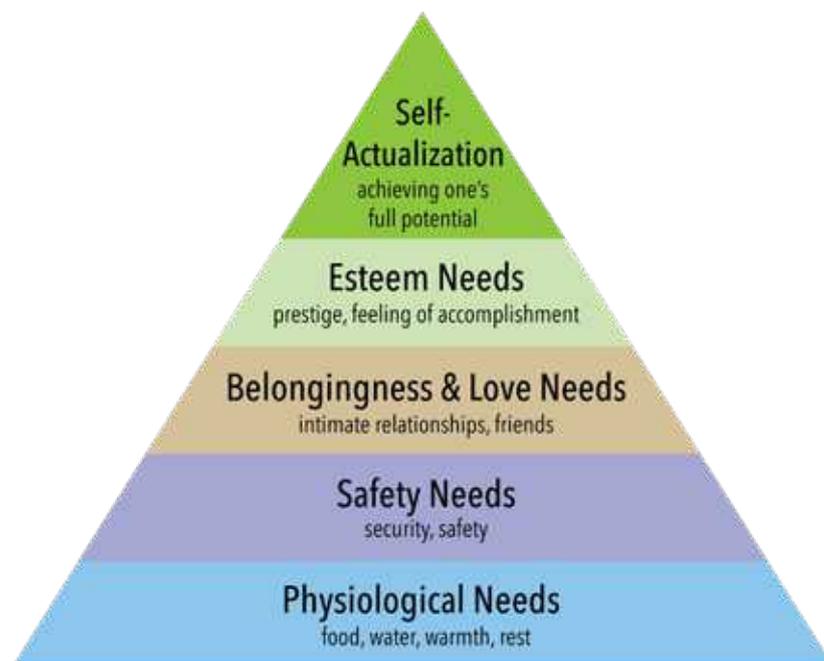
Some unmet needs are obvious – for example, a person who does not have a wheelchair but needs one to get around has an obvious unmet need. Other unmet needs will be more difficult to identify.

Human needs

In the 1940s, Abraham Maslow theorised that all human beings have a set of basic needs.

Maslow's research led to the development of 'Maslow's hierarchy of needs'. According to the theory, once one level of the pyramid has been achieved, a person will move towards satisfying the next level of needs. For example, once our physiological needs for water, shelter and food have been met, we will seek to fulfil our needs for safety, security and stability.

Unmet needs are needs that have not been satisfied.



Maslow's hierarchy of needs



For more information about Maslow’s hierarchy of needs, go to:
aspirelr.link/simplypsych-maslows-hierarchy

Video: Maslow’s hierarchy of needs

Watch this video to learn more about Maslow’s hierarchy of needs:
aspirelr.link/yt-maslows-hierarchy-needs



Factors that contribute to unmet needs

When you think of someone with unmet needs, you might picture an isolated, vulnerable person. However, anyone in any circumstance can have unmet needs.

For example, a highly social 23-year-old with a lot of friends can feel lonely and have a need for companionship. Similarly, a person who appears to be doing well financially might have huge personal debts and a need for financial counselling.

People’s ability to understand and express their needs also differ. For example, a person with dementia may find it difficult to comprehend and describe what they need.

Factors that may contribute to unmet needs include the following:

Factors that may contribute to unmet needs		Example	Case study
	Physical wellbeing	<ul style="list-style-type: none"> • Temporary illness • Chronic illness • Injury • Surgery 	<p>Penny is 54 years old and recovering from an operation on her foot. Her foot is in a protective boot and she cannot put any weight on it.</p> <p>Penny needs help moving around her house, making meals and showering.</p>
	Emotional wellbeing	<ul style="list-style-type: none"> • Grief • Loss • Trauma • Adversity • Abuse/neglect • Social isolation 	<p>Nabil is 29 years old. His father died two weeks ago. He is feeling tired and vulnerable, and he is crying a lot.</p> <p>Nabil needs the people around him to be patient, supportive and kind. He needs a quiet, calm environment where he feels safe.</p>

Factors that may contribute to unmet needs		Example	Case study
	Environmental context/ surroundings	<ul style="list-style-type: none"> • Unsafe housing • Overcrowding • Homelessness • Excessive noise • Financial difficulties 	<p>Yen is 35 years old. Her house has been damaged in a flood. Her toilet does not work and the food in her fridge and pantry is unfit to eat. Most of her other belongings will also need to be thrown out.</p> <p>Yen needs access to clean and safe housing, help to clean up her house and temporary financial assistance to pay for food and home repairs.</p>
	Medical condition/ diagnosis	<ul style="list-style-type: none"> • Disability • Autoimmune condition • Mental illness • Dual diagnosis • Dementia • Substance misuse 	<p>Oxana is 47 years old. She has rheumatoid arthritis. She experiences chronic pain and has problems with balance.</p> <p>Oxana needs mobility aids and support and encouragement to exercise on a regular basis.</p>
	Medication	<ul style="list-style-type: none"> • Insulin • Heart medication • Blood pressure medication • Pain medication 	<p>Bella is 22 years old. She has bipolar disorder and has been prescribed a medication to manage her condition.</p> <p>Because of the nature of her condition, Bella needs to be reminded to take her medication at the same time every day.</p> <p>She also needs to be reminded to fill the script and schedule appointments to organise repeat prescriptions.</p>

Dual diagnosis
A diagnosis that signifies a person has both a mental illness and a substance use disorder.

People with a dual diagnosis require an integrated approach to assessment and treatment involving specialist mental health and alcohol and other drug (AOD) services. Unmet needs for people with this condition can result in a range of factors, including the complexity of diagnosis, high rates of problems such as homelessness and social isolation, and difficulties accessing integrated support.

For example, a person with a dual diagnosis might not be getting integrated support because they have not been properly diagnosed, or their social isolation might make it difficult for them to look after their physical and mental health.

Source: <https://www.health.vic.gov.au/practice-and-service-quality/dual-diagnosis>



For more information about dual diagnosis, visit: aspirelr.link/healthvic-dual-diagnosis

Signs of unmet needs

If a person has difficulty understanding or communicating their needs, it is important for the people around them to be able to identify the signs that indicate their needs are not being met.

Here are some signs that a person has unmet needs:

Signs that a person has unmet needs
• Loss of weight
• Constant hunger
• Loss of appetite
• No food in the home
• Excessive tiredness or unexplained fatigue
• Poor grooming/hygiene (e.g. hair not brushed, dirty clothing)
• Unsafe or unhygienic living conditions
• Emotional outbursts (e.g. crying, aggression)
• Emotional 'flatness' (i.e. not expressing emotions)
• Lack of interest or refusal to participate in activities
• Inappropriate levels of affection
• Inappropriate sexual behaviour
• Unpaid bills
• Outdated medication
• Absent/unavailable health providers
• Lack of equipment to manage a health condition (e.g. a working hearing aid for a person with a hearing impairment)



Example

Recognise unmet needs

Anna is a 31-year-old woman who loves painting, craft and country music. She has an intellectual disability and lives in a community-based group home for people with disabilities.

Anna communicates by speaking, but she sometimes has difficulty articulating how she is feeling. Lately, one of the support workers at the group home, Luca, has noticed that Anna does not have the level of energy she usually has. She is getting tired easily and spending more time in bed. She has also become quite forgetful.

Anna shrugs her shoulders when Luca asks her how she is feeling. He suspects that Anna may have unmet needs that she has not been able to articulate.

Practice Task 1

Question 1

Identify five signs that may indicate a person has unmet needs.



Question 2

Which of the following factors can contribute to a person having unmet needs? Tick all that apply.

- Dual diagnosis
- Emotional wellbeing
- Medical condition
- Social status
- Physical wellbeing

Question 3

Briefly explain how a person's environment or surroundings can contribute to their unmet needs.

Question 4

List two ways that a person can have unmet needs in regard to their prescribed medication.

1B

Determine what information is needed for a full assessment and gather information on unmet needs

Once a worker has identified that a person has an unmet need, they must decide what information should be collected to confirm the unmet need, and how to collect it.

When determining the information required and the methods for gathering it, it is important to consider the nature and scope of the unmet need.

The nature of the unmet need refers to the type of unmet need the person is experiencing, such as a need relating to their physical wellbeing, emotional wellbeing, environment and so on.

The scope of the unmet need refers to the extent of the person's need. For example, does the person need someone to remind them to take their medication, or do they need someone to help them get out of bed, get dressed, eat breakfast and remind them to take their medication?

Determine what information to collect

It is necessary to collect information to inform the full assessment of a person's needs. Full (or comprehensive) assessments of a person's functional and cognitive capacities are undertaken by health professionals and specialist assessment services.

To inform a comprehensive assessment, a range of different types of information about the person may be required. As a worker, you may need to collect this information. Here are some examples of information you might need to collect:

Information about the person's behaviour, such as a description of:

- behaviours of concern (e.g. aggression, self-harm)
- when the behaviours of concern occur
- what happens after behaviours of concern occur

Information about strategies or interventions that have been tried in the past to address the person's behaviours of concern

Information about the person's ability to undertake everyday tasks – this is often collected using a checklist

Information about the person's daily life, such as attending school or a day service, taking part in recreational activities or playing video games



Information about the person’s support system, such as family, friends and carers

Information about medications and assistive technologies used by the person

Determine methods of data collection

You must also determine the methods you will use to collect information on the person’s needs.

Here are some common methods used for collecting data to confirm an individual’s unmet needs:

Data collection method	Description
Self-report	<ul style="list-style-type: none"> Self-report involves direct communication with the person about the scope and nature of their unmet needs. This might involve asking them questions to encourage them to open up and clarify facts. It is useful to gather information from multiple sources, including from the person themselves. If the person is unable to provide accurate information about their needs, you will need to use other methods of data collection. For example, a person with dementia may not be able to comprehend or communicate their needs.
Information from other key people	<ul style="list-style-type: none"> Speaking with other key people involved in the person’s life is another option for gathering information about the scope and nature of their unmet needs. Key people might include family members, carers, neighbours, GPs and other service providers. This data can be less reliable than a self-report for a range of reasons – for example, the person’s family or friends might underestimate their capacity or try to conceal the reality of the situation in order to protect the person’s dignity.
Records and notes	<ul style="list-style-type: none"> Records – such as assessment reports, health records, individual care notes, individualised support plans and communication books – can provide useful information about the nature and scope of a person’s unmet needs.
Direct observation	<ul style="list-style-type: none"> Direct observation involves asking the person to show you how they go about tasks and perform activities. It tends to provide a more accurate measurement of capacity than self- and other reports. Observation involves all the senses – for example, you might need to be alert to the level of noise or the smells that a person is being exposed to. Observation might also require you to look at the person’s environment and how they interact with others.

Communication book

A resource used by workers to pass on regular information about an individual client.



Data collection method	Description
Direct observation (cont.)	<ul style="list-style-type: none"> Observing a person’s body language can give you an indication of the nature of their unmet needs – for example, a person who is overly affectionate may have a need for social connection.
Assessment tools	<ul style="list-style-type: none"> A range of tools can be used to assess an individual’s needs. The best tool to use will be the one that is suitable for the individual and their circumstances. Your organisation will most likely have policies regarding which assessment tools you should use. Any tool you use should be: <ul style="list-style-type: none"> - validated and reliable - culturally sensitive - used as prescribed (e.g. you must ask questions exactly as they are written). If you are using an assessment tool to confirm the scope and nature of a person’s unmet needs, ensure you have the relevant qualifications and training to use it. You must also know how to interpret and act on what you find.

Source: https://www.health.vic.gov.au/sites/default/files/migrated/files/collections/policies-and-guidelines/s/strengthening_hacc_assessment_care_planning.pdf

In general, collecting information from multiple sources will be more useful than collecting information from a single source, because you can obtain a more complete picture of the person’s needs. However, there may be situations where only a single source is required or appropriate.

Principles of person-centred practice

A range of principles are often applied to the practice of assessing an individual’s needs. These principles help to protect the person’s rights and dignity.

Here are some principles that are often applied to practice to help protect people’s rights and dignity:

Principles of person-centred practice
<ul style="list-style-type: none"> Respect individuality, diversity, difference and ability.
<ul style="list-style-type: none"> Treat the person as a whole, rather than focusing on perceived ‘problems’.
<ul style="list-style-type: none"> Work with respect, compassion and empathy.
<ul style="list-style-type: none"> Collaborate with other individuals or services to provide the best possible care.
<ul style="list-style-type: none"> Empower the person and recognise them as the expert in their own life.
<ul style="list-style-type: none"> Be led by the person, their choices and goals.



Many community services organisations embed these types of principles into their standard policies and procedures.

Here are some factors to consider when determining how you will gather information on a person's needs:

Factors to consider when establishing ways of gathering information

- Can the person communicate their needs?
- How reliable are the information sources?
- What organisational policies are relevant to the process of gathering information (e.g. policies around the use of assessment tools)?
- How is the principle of person-centred practice relevant to how you go about gathering information?
- Do you have the person's consent to speak to others and access records?

Example

Establish ways of gathering information to confirm the nature and scope of unmet needs

Luca is a support worker for Anna, a 31-year-old woman with a passion for creative activities and country music.

Because Anna has recently been uncharacteristically lethargic, Luca needs to establish some ways of gathering information to confirm whether Anna has needs that are not being met and, if not, the scope of those needs.

Anna can communicate verbally, but she has difficulty articulating her needs. Although she does not want to talk about how she is feeling, Luca asks her some basic questions, such as, 'Anna, are you feeling tired?' and 'Anna, are you sleeping well at night?' Anna confirms that she is feeling tired and that she is also sleeping well.

Luca decides to use some other methods to confirm whether Anna is tired because of unmet needs, and what those needs might be. He decides to speak with Anna's sister, who she sees on a regular basis, as well as Anna's general practitioner (GP). Luca will also review her health records and case notes.

As per privacy laws and the organisation's policies and procedures, before he speaks with anyone or accesses any records, Luca asks Anna for her consent to speak with her sister and her GP and to access her case notes and health records.

Functional assessment

An assessment of a person's ability to function independently and undertake everyday tasks.

Progressive disorder

A disease or health condition that often becomes worse over time, leading to a decline in health or functioning.

Cognitive assessment

An assessment of a person's cognitive abilities, related to mental processes such as memory, judgement and reasoning.

Acquired brain injury

Any type of brain injury that occurs after birth; for example, brain injury can occur as a result of a car accident or drug overdose.

Dementia

A group of progressive neurological diseases that affect a person's cognitive abilities and behaviour.

Functional and cognitive assessments

Cognitive and **functional assessments** are used to gather information about a person's abilities and, therefore, their needs.

Examples of the everyday tasks (often referred to as 'activities of daily living') assessed during a functional assessment include:

- dressing and grooming
- getting in and out of bed
- toileting
- preparing meals
- walking

Functional assessments are often used to assess the functional capacity of older people and people with disabilities. Where a person has a **progressive disorder**, functional assessments need to be conducted on a regular basis.

Functional assessments can also be used to identify the causes of an individual's challenging behaviour – these are typically referred to as 'functional behaviour assessments'.

Cognitive assessments are often used to assess the cognitive ability of people with an **acquired brain injury** or **dementia**.

Functional and cognitive assessments are usually completed by health professionals, such as occupational therapists, physiotherapists, psychologists, nurses and GPs. When an assessment is being carried out, typically only the professional undertaking the assessment and the individual being assessed will be present.

Health professionals use a variety of tools to assess functional and cognitive abilities. For example, the General Practitioner assessment of Cognition (GPCOG) is an assessment tool that GPs can use to screen for cognitive impairment.

The typical role of a community services worker in functional and cognitive assessment is to facilitate or assist in the process of assessment. This usually involves reaching an agreement with the person that the assessment is needed, and then consulting with the relevant professional who will conduct the assessment.

In some cases, community services workers might undertake an initial assessment of a person's functional capacity. For example, a worker might use a checklist to assess a person's functional capacity prior to a more comprehensive assessment being carried out by a health professional.



Practice Task 2

Question 1

List three types of information a worker might need to collect to help inform a full assessment of a person's unmet needs.

Question 2

Identify three ways of gathering information to confirm the scope and nature of a person's unmet needs.

Question 3

Which of the following abilities could be assessed as part of a cognitive assessment?
Tick all that apply.

- Memory
- Walking
- Judgement
- Reasoning
- Balance



Question 4

Explain the circumstances under which a person might require a functional assessment.

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

1C

Identify people who should be involved in the assessment process

A range of professionals and services can be involved in the assessment process.

The professionals and services involved will depend on the type of assessment that needs to be undertaken and the individual's circumstances, such as the nature of their disability or illness.

Workers in community services have an important role to play in facilitating the involvement of others in the assessment process. This helps to ensure the process runs smoothly and generates the best outcome for the person.

Professionals and services involved in assessment

Professionals and services involved in assessment can come from a range of different sectors, including health, allied health, social work and the law.

Here are some examples of professionals and specialist services that might need to be involved in the assessment process, along with a description of their potential role:

Professional/ specialist service	Potential role
General practitioner (GP)	If the individual has a regular GP, their GP may be able to provide information about the nature and scope of the person's needs. GPs may be able to undertake assessments, such as cognitive assessments for conditions such as dementia. GPs can provide referrals to other services for cognitive and functional assessments.
Psychologist	Psychologists may be able to undertake functional or cognitive assessments.
Psychiatrist	Psychiatrists may be able to undertake cognitive assessments.
Physiotherapist	Physiotherapists are often involved in functional assessments.
Occupational therapist (OT)	OTs are often involved in functional assessments.
Social worker	Social workers may be able to undertake functional or cognitive assessments.



Professional/ specialist service	Potential role
Acquired brain injury (ABI) specialist	ABI specialists can undertake assessments of people with acquired brain injury.
Neurologist	Neurologists can undertake assessments of people with conditions such as multiple sclerosis (MS).
Assessment service	Assessment services employ professionals who are experts in assessment, such as psychologists, speech pathologists and OTs.
Advocate and/or advocacy service	Advocates and advocacy services may request an assessment on behalf of a person.
Legal service	Legal services may request an assessment on behalf of a person. For example, a lawyer might seek the services of a medical professional to assess a person’s decision-making capacity when dealing with issues relating to power of attorney.
Aboriginal and Torres Strait Islander health worker and/ or service	Aboriginal and Torres Strait Islander health workers and services are typically involved in advising assessors on cultural safety and culturally appropriate assessment tools for Aboriginal and Torres Strait Islander peoples.
Translation service	Translation services can assist people who speak languages other than English.

When bringing in other people to undertake an assessment, you will need to obtain informed consent from the individual who is being assessed. It is generally considered good practice to include an individual’s family and informal carers in the assessment process, but this also requires the person’s consent.

You need to respect the individual’s right to refuse the involvement of others or to refuse the assessment entirely. If the person is refusing the involvement of others or refusing the assessment, you should document their wishes and seek advice from your supervisor.

When identifying other people who should be involved in the assessment process, consult your organisation’s policies and procedures. For example, your organisation may have a policy requiring you, or another staff member, to undertake an initial needs assessment to determine the most appropriate assessment response.

In some cases, you may need to refer a person to another service for an assessment. Your organisation will have referral policies that you will need to follow in these circumstances.



Facilitate other people's involvement in assessment

When you facilitate something, you make it possible or you make it easier.

Here are some ways you can facilitate the involvement of other people in the assessment process. Remember to seek the person's consent where required and follow organisational and legal guidelines around privacy and confidentiality.

Organise a referral to a professional or service that is qualified to undertake an assessment, such as:

- an assessment service that specialises in functional and/or cognitive assessments
- a social worker
- an allied health professional.

Provide the professional/service undertaking the assessment with the person's contact information.

Facilitate the assessor's access to others involved in the person's life and care, such as family members and carers (where appropriate and with the person's consent).

Consult with the client and the professional/service to organise a suitable date, time and location for an assessment.

Provide the professional/service with relevant information, such as your own observations and the outcome of your discussions with the person and their carers.

Respond promptly to the professional undertaking the assessment (e.g. to requests for information).

Speak to the person about the assessment process so they understand what it involves – address any concerns or questions and provide them with further information where appropriate.

Speak to family members and carers about the assessment process and how they might need to contribute (e.g. by speaking with the professional undertaking the assessment).

Be respectful of every person involved in the assessment process, including the client themselves.

Your organisation will have policies that you must follow when you make a referral to another professional or service, such as an assessment service or a health professional service. Some organisations have a standard referral document for staff to use when making a referral to another service.



Example

Identify people who should be involved in an assessment and facilitate their involvement

Based on what Luca has learned from Anna's sister, her GP and her case notes and health records, Luca thinks that Anna might need a cognitive and a functional assessment.

Luca speaks with his supervisor about arranging these assessments for Anna. Luca's supervisor explains the organisation's policies and procedures around the assessment process.

The organisational policy supports the involvement of Anna's GP in undertaking a cognitive assessment as Anna already has a good relationship with her, and her GP has the necessary skills for this task. Anna also has an OT who she has seen occasionally and who comes to the group home regularly. The organisation's policy supports the involvement of the OT to undertake Anna's functional assessment.

Luca's supervisor suggests that Anna's advocate should also be involved in the assessment process, as well as her sister.

Practice Task 3

Question 1

Explain how a worker would identify the people who should be involved in the assessment process.

**Question 2**

List five professionals or specialist services that might need to be involved in the assessment of a person's needs.

Question 3

Which of the following most accurately describes what is meant by 'facilitating the involvement of others' in the assessment process? Tick all that apply.

- Introduce people involved in the assessment process.
- Make it easier for others to be involved in the assessment process.
- Provide information for people involved in the assessment process.
- Welcome people involved in the assessment process.
- Arrange the logistical aspects of the assessment process.

Question 4

Identify two referral options for a person who requires a cognitive or functional assessment.

1D

Collect information to support reporting, analysis and development of individualised plans

Individualised plans outline a person’s needs and how those needs will be met.

The needs outlined in an individualised plan might relate to any number of aspects in a person’s life, such as behavioural issues, daily living skills, communication or social connectedness.

To support the development of an individualised plan, you will need to collect information regarding the person’s needs and their life.

Your organisation will have policies and procedures regarding what to include in a person’s individualised plan. In general, however, an individualised plan includes the following information:

Once an assessment has been undertaken, an individualised plan to meet the person’s unmet needs will be developed.

Typical features of an individualised support plan
• Participant details (e.g. name, date of birth, address, phone number)
• Information about the person, such as their history, personal background and circumstances (e.g. language, employment, family)
• The person’s goals
• The findings of cognitive or functional assessments
• Strategies to address the person’s needs <ul style="list-style-type: none">- What strategies will be used to address the person’s needs?- What techniques and methods will be used to implement the strategies?- Who is responsible for implementing the strategies?- How will the strategies be carried out safely?
• A time frame for implementing the plan
• Details about how to monitor the person’s progress
• The review process, including when to review the plan



Collect information for an individualised plan

An individualised plan should be developed in consultation with the person for whom the plan is being created.

As a community services worker, you will be involved in collecting information to support the development of an individualised plan. This information will be used to ensure the plan is appropriate to the person's needs and circumstances.

An individualised plan can be seen as an agreement between all parties on how to meet a person's identified needs. By documenting the plan, everyone involved in the person's support can be clear about what needs to be done and by whom.

When the individualised plan is being developed, you will most likely need to collect information from the person for whom the plan is being created – in fact, this is considered to be best practice. Information you might need to collect includes the person's goals and preferences, as this helps to inform the strategies in the plan. You will also need to collect information related to any cognitive or functional assessments that have been undertaken.

Including other people who are involved in the person's life and care when developing the plan is also considered best practice – where the person has provided their consent for this to happen. Involving these people is especially important if the individual has difficulties understanding or communicating their needs.

You may also need to collect information about the person's behaviour.

The following table is an example of information that was collected to support the development of an individualised plan:

Time/ date	Observed by	Environment	Type of behaviour	Trigger	Successful strategy
4pm 8 May	Stephanie (worker)	Individual's home	Loud moaning and attempts to scratch own face	Male worker entered room	Male worker withdrew
11.15am 2 June	Janis (physiotherapist)	Clinic	Loud moaning	Male assistant entered room	Male worker withdrew
12.35pm 6 June	Stephanie (worker)	Shopping centre café	Loud moaning and brought hands up to shield face	Two young males sat at next table	Individual removed from café



The following template outlines what to include when collecting information about your observations of a person's behaviour.

Information to include during observations
• When the observation took place (time/date)
• What you observed (include specific details)
• Where the observation occurred (include details on the location and environment)
• Who was present (include details of what they were doing at the time)
• Why the observed event took place (include any relevant behavioural triggers)
• Any outcomes or consequences that occurred as a result of the observed event

Documenting information consistently makes it easier to analyse. For example, if you are collecting information about a person's behaviour, a template such as the one above ensures the information is presented in a consistent way. This makes it easier for the person who is developing the plan to, for example, identify common themes regarding the individual's behaviour.

Individualised support plans can look different depending on the organisation. They can also focus on slightly different areas and domains of a person's life, needs or goals. For this reason, you must follow your organisation's requirements for documenting a person's individualised support plan, as there may be specific things you need to attend to when collecting information.

Example

Collect information to support reporting, analysis and development of an individualised plan

Luca has observed Anna's behaviour to support the development of her individualised plan. He has noticed that Anna sometimes throws away her breakfast before she eats it and barely touches her lunch. In the afternoon, Anna has chips and an energy drink.

Anna's cognitive and functional assessments reveal that her cognitive and functional abilities have not changed since they were last tested. Anna's sister reports that Anna has lost weight recently.

The information Luca has collected suggests to him that Anna is tired and lethargic because she is not eating properly. He will use this information to develop an individualised plan in consultation with Anna, her advocate, her sister and Luca's supervisor.



Practice Task 4

Question 1

Outline the information a worker might need to collect to support the reporting, analysis and development of a person's individualised plan.

Question 2

Which of the following features are typically included in an individualised plan? Tick all that apply.

- Information about the person's history
- Information about the person's life expectancy
- The person's name and date of birth
- The support worker's preferences
- Strategies for addressing the person's needs



Summary

- Many factors may contribute to a person's unmet needs, including physical and emotional wellbeing, medications, environmental factors, mental health conditions and substance use.
- Identifying a person's needs can be difficult if they have trouble understanding or articulating their needs.
- It is important for staff to assess an individual's needs rather than make unfounded assumptions.
- Once a worker has identified a potential unmet need, they must determine the scope and nature of that need.
- Methods for gathering information about the scope and nature of a person's unmet needs include direct communication with the person and others involved in their life and care, and reviewing relevant documents such as case notes.
- A range of people can be involved in the process of assessing a person's needs, including allied health professionals and specialist assessment services.
- Workers play a key role in facilitating the involvement of professionals in the assessment process.
- An individualised plan can be seen as an agreement between all parties on how to meet a person's identified needs and how to assist them to manage their behaviours.



Learning Checkpoint 1

Identify potential unmet needs

Part A

1. Explain how a dual diagnosis can contribute to a person's unmet needs.

2. Provide an example of how a person's physical wellbeing can contribute to unmet needs.

3. Briefly explain the difference between a functional assessment and a cognitive assessment.



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

a. When confirming the nature and scope of a person's unmet needs, informal reports from family members are typically more reliable than self-reports.	Yes / No
b. When using observation to confirm the nature and scope of a person's unmet needs, it is important to use all of one's senses.	Yes / No
c. The best assessment tool for a worker to use to confirm the scope and nature of a person's unmet needs is the one they are trained in.	Yes / No
d. The questions used in an assessment tool can be adapted depending on the circumstances.	Yes / No
e. A feature that is typically included in an individualised plan is the time frame for implementing the plan.	Yes / No
f. When developing an individualised plan, it is considered best practice to include the person in the process of developing the plan.	Yes / No
g. An individualised plan should include information about the support worker's goals for the person.	Yes / No

5. Which of the following determine who should be involved in assessment of a person's unmet needs? Tick all that apply.

- Codes of conduct
- Organisational policies
- Organisational procedures
- Medical guidelines
- Legal documents

6. List three ways a worker can facilitate the involvement of others in the assessment process.



Part B

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

Case study

Chad is 43 years old and lives alone in a house he inherited from his parents. He receives support at home from his two sisters, who help him with domestic tasks. Some repairs need to be made to the house, and Chad wants to pay for these himself so he is saving money to do so.

Chad has an intellectual disability and his GP recently diagnosed him with anxiety. Chad has been prescribed medication to treat his anxiety that he needs to take every morning at roughly the same time.

Chad attends a local community service for adults with intellectual disabilities where he participates in a range of activities. He prefers outdoor activities such as gardening, and he appreciates established routines.

Freida is a support worker at the community service that Chad attends. Freida has noticed recently that his hair looks dirty, his clothes appear to be unwashed and some of the other clients who come to the service have complained that Chad 'smells bad.' He has also been emotionally volatile.

Chad is usually calm and quiet, but over the past fortnight he has argued loudly with two other clients. When a worker asked Chad if he was okay, he broke down in tears. Nobody at the service had ever seen Chad cry before.

1. Identify three signs that indicate that Chad has unmet needs.



2. List one factor for each of the following that may be contributing to Chad's unmet needs:

- Emotional wellbeing

- Environment

- Medication

- Medical condition

3. List three types of information that Freida could use to inform the assessment of Chad's needs.



- 4.** Describe three methods that Freida could use to gather information about the scope and nature of Chad's needs.

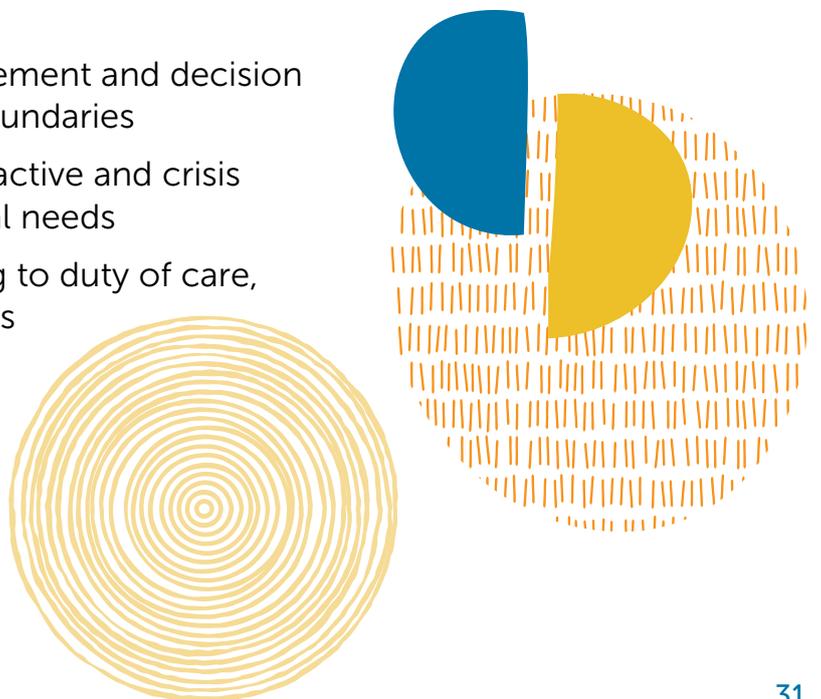
- 5.** If Chad consents to a functional assessment, identify two specialist services that may need to be involved in the assessment process.

- 6.** If Chad consents to a cognitive assessment, identify two referral options that Freida could consider.



Topic 2: Develop individualised strategies to meet the person's needs

- 2A Contribute to the development of respectful, proactive support strategies
- 2B Address impaired social judgement and decision making, and set limits and boundaries
- 2C Integrate individual active, reactive and crisis responses based on individual needs
- 2D Develop responses according to duty of care, ethical and legal requirements
- 2E Consult with colleagues and stakeholders and document the individualised plan



2A

Contribute to the development of respectful, proactive support strategies

Support strategies need to respect the dignity, individual rights and personal choices of the person for whom they are developed.

Proactive support strategies focus on preventing problem behaviour, as well as ensuring a person is as independent as possible.

When developing proactive support strategies, you must respect the dignity, rights and personal choices of the person for whom the strategies are being developed.

Rights, equality and practice

Principles related to rights, equality and practice underpin community services work. These principles include a strengths-based approach, a rights-based approach and equality.

Use a strengths-based approach

Strengths-based approach

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

A strengths-based approach does not try to compare an individual to others, or to who we think they should be.

A **strengths-based approach** takes into account the person's own skills, abilities and goals. When supporting behaviour, it means focusing on the person's strengths rather than on their weaknesses.

Strengths can include:

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



Example

A strengths-based approach

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

Use a rights-based approach

A **rights-based** approach places service users at the centre of service provision. Certain rights relating to behaviour support are upheld by legislation, such as the *Disability Act 2006* (Vic.) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). They are also outlined in industry standards, such as the National Disability Insurance Scheme (NDIS) Practice Standards, and state and territory disability service standards.

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

Here are some of the basic human rights that are especially relevant to behaviour support:

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

For more information about disability rights in Australia, go to:

aspirelr.link/humanrights-about-disability-rights

Read about the United Nations CRPD here: aspirelr.link/un-convention-in-brief

Rights-based
Situates the rights of service users at the centre of service provision, with a focus on accessibility, autonomy and equity.

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



Video: What are human rights?

Watch this brief animated video from the Australian Human Rights Commission to learn more about what is meant by ‘human rights’: aspirelr.link/yt-human-rights



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

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

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

Human rights and positive behaviour support

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

Here are some principles of positive behaviour support that recognise the person’s human right:.

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

1. Never use punishment or humiliation of any kind

Punishment, such as removing the person’s rights or scolding the person, does not respect their dignity.

It is illegal to punish, humiliate or yell at a person you support.

It is also illegal to withhold the person’s basic rights, such as refusing to give them food or drink until they change a behaviour.

2. Use positive language that upholds the person’s dignity

Do not use terms such as naughty, bad or terrible.

3. Be proactive, not reactive

Try to predict needs and triggers, and help the person to meet needs and avoid triggers before they use a behaviour.

4. Respect dignity

Behaviour support strategies must respect the person as a dignified human being. You cannot treat an adult like a child, lie to them or humiliate them.



Develop proactive support strategies

Develop support strategies in consultation with the person for whom they are being created. This is part of strengths-based practice, whereby service providers work with people as partners.

Here are some ways you can contribute to the process of developing support strategies in a way that respects the dignity, rights and personal choices of the individual:

- Build rapport with the person, and others involved in their life, so you can find out more about their goals, values, beliefs and preferences.
- Observe the person's behaviour, as it is a form of communication. What message is the person's behaviour conveying?
- Share what you know about the person's values, beliefs, preferences and behaviour. Explain why a support strategy is likely to work (or not work) for that individual.
- Suggest and recommend the approach that involves the least amount of interference to effectively modify a person's behaviour.
- Recognise your own expertise – as a community services worker, you have valuable knowledge. Do not be afraid to share what you know and have learned with others involved in developing support strategies.
- Share what you know about support strategies that have (or have not) worked for that person or other clients who have a similar background or history (e.g. clients from a specific cultural background).
- Involve the person in the process of developing support strategies. If they have difficulty with communication or comprehension, explore how they can contribute.
- Your organisation will have numerous policies to ensure that support plans respect the rights, dignity, choices and goals of clients. For this reason, it is important to follow your organisation's policies and procedures.
- Organisational policies and procedures also incorporate legal requirements, such as laws that relate to anti-discrimination and equality, which help to ensure the person's rights and dignity are respected.
- Stay updated on any changes or amendments to your organisation's policies and procedures, especially as they relate to clients' rights, dignity and choice. This will help to ensure the support strategies developed are based on the most current policies and procedures.
- Speak up if you believe that the:
 - client's rights or dignity are being disregarded
 - client's choices are being ignored or overlooked
 - organisation's policies and procedures are not being followed
 - organisation is not fulfilling its legal responsibilities to a client.

There are no hard-and-fast rules for selecting support strategies – not all of them will work for everyone – therefore, it is useful to familiarise yourself with a range of



strategies. Selecting an appropriate strategy is a matter of knowing the individual and working with them to put together a tailored support plan that best suits their unique needs and circumstances.

An example of a proactive support strategy is positive reinforcement, which rewards the desired response of a person to a certain situation and ignores the inappropriate response.

Proactive support strategies for people with cognitive impairment include:

Validation

Accepting and acknowledging what a person believes to be real and responding accordingly.

- using a **validation** strategy
- orientating or re-orientating someone to remind them where they are or what they are doing
- using routines to reduce unnecessary choice
- using memory boards as a visual reminder of routines.

A validating approach acknowledges and empathises with the feelings behind a person's behaviour. That is, even if what the person is saying is not based on reality, they are still expressing a feeling that is real to them.

To identify the appropriate support strategies to incorporate into an individualised plan, consider the following:

- Strategies can be used to help the person avoid situations that could lead to aggressive, violent or disinhibited behaviour.
- Strategies can be used to help identify, remove and eliminate triggers.
- Strategies can be used to promote appropriate behaviour.
- A combination of strategies can be used – some to reduce triggers and some to build on the person's strengths.

Select the least intrusive strategy

When identifying strategies to incorporate into an individualised plan, you should aim to select the least intrusive strategy.

The least intrusive strategy is the one that will achieve the desired result, but, at the same time, will protect the person's dignity and cause the least possible disruption to others. It will also have the least negative impact on the person's social role, and therefore their social status within their community.

The strategy that is least intrusive for an individual will depend on the person and their circumstances. However, here are some strategies that are often viewed as the least intrusive options.



Structure and routine	Imposing structure and routine on daily activities can work well for many individuals to eliminate the anxiety that can trigger behaviours of concern. These routines can be promoted through storyboarding and visual reminders (such as posters, schedules and/or charts) to give the person a sense of predictability and security.
Active listening	<p>Active listening involves making a conscious effort to hear what another person is saying. When someone is actively listening, they are not distracted by what is going on around them.</p> <p>Active listening involves paraphrasing, summarising and repeating information back to the individual so that they know you are listening to them.</p> <p>It is beneficial to reflect a person's emotions back to them to show that you understand not just what they have said but also what they are feeling.</p>
Antecedent management	This strategy includes taking action to prevent behaviour by avoiding or eliminating known triggers, influences or setting events.
Positive trigger	You can use a known positive trigger that restores appropriate behaviour, for example, giving the individual a favourite object or activity that reassures them and causes the behaviour to cease.
Barrier	When the behaviour of concern involves self-stimulation, the least intrusive active strategy may be to introduce a barrier, such as placing a tray on the person's lap to prevent them from self-stimulating. A similar technique is to provide an appropriate object, such as a stress ball, for them to handle.
Teamwork	Teamwork can help you to use consistent strategies to observe and eliminate triggers that distress the individual as soon as they happen. Teamwork can also minimise the impact the behaviour has on others by working swiftly to remove the individual or the stimulus that is causing distress.
Effective communication	Effective communication with other workers and the individual involves listening to and observing as much as possible about the other person. Use clear, plain words spoken slowly, calmly and firmly to successfully communicate your message. Using simple words – such as, 'Stop', 'Wait' and 'No' – can be very effective as their meaning is clear.
Lifestyle enhancement	Lifestyle enhancement includes any activity or strategy that improves the individual's general quality of life, for example, enabling a person to take up a new activity, visit family and friends, or shop independently. This may include a formal social integration plan to increase the person's community participation.
Relaxation	Relaxation can be taught individually or in groups. Guided meditation is good for beginners and, if done regularly, can reduce the frequency and intensity of behaviours of concern that are brought on by stress.

Active listening
 Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.



Functional communication	You can teach an individual functional communication, which means that their speech, expression or signing actually achieves its desired result. For example, you may teach a person to approach a worker with a request rather than repeatedly calling it out. The emphasis is on teaching the correct process or method in order to communicate more effectively to reach a desired outcome.
Engagement/skill development	<p>Boredom or depression may lead to loss of engagement in activities or may become a trigger for behaviours of concern. You can increase an individual’s engagement in activities in the short term by implementing redirection strategies, and in the long term by identifying their preferences, likes and dislikes and offering more meaningful activities.</p> <p>Skill development may be useful in reducing potentially dangerous behaviour. For example, an individual’s inability to complete a task may act as a trigger for their frustration and behaviour of concern. If they can develop the skills to complete the task, however, the trigger will disappear and the behaviour of concern will stop.</p>

Address social devaluation

Social devaluation

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

Social devaluation occurs when a person, or a group of people, are viewed in a negative way. For example, the idea that people with disabilities are a burden on society is a type of social devaluation. A person who belongs to a socially devalued group can end up viewing themselves in a negative light.

One way to address devaluation is through competency and image enhancement. This improves a person’s sense of competency and image by:

- validating their sense of self
- enabling them to present themselves in the way that they want to
- focusing on positive attributes as a way of reducing shame and embarrassment.

Competency and image enhancement is especially important for people who have experienced a loss of independence or developed difficulties with communication. These experiences can erode a person’s sense of self. For a person who has had these experiences, enhancing their sense of competency and image can help them to regain their confidence and self-worth.



The following are some considerations for enhancing a person's image and competency:

Considerations for enhancing image and competency

- Everyday life activities can strengthen identity.
- A person's environment can influence how they feel.
- Pride in appearance can increase self-esteem and feelings of wellbeing.
- How you communicate with someone can influence their self-worth.
- Discrete assistance can reduce the risk of embarrassment.
- Self-care activities can create a sense of meaning, comfort and purpose.

Example

Contribute to the development of proactive support strategies that respect the person

Ed has cerebral palsy and lives at home with assistance from support services. He receives daily domestic assistance with activities of daily living, meals and cleaning. Jeremy is one of the support workers who provides assistance to Ed. Other support workers have found Ed to be mean and aggressive; some have written incident reports about his behaviour. However, Jeremy gets on well with Ed and has a great rapport with him.

Jeremy's manager organises a team discussion as part of a review of Ed's individualised support plan. During the discussion, Jeremy tells the team what words, tone and body language he finds work best for Ed. He also says that soft background music has a soothing effect on Ed and that when he puts on one of his favourite songs Ed rarely refuses or resists showering.

Ed's plan is updated with these strategies, and the number of behaviour-related incidents significantly reduce.



Practice Task 5

Question 1

Explain four ways that a worker can contribute to the development of support strategies that respect a person's dignity, rights and personal choice.

Question 2

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

a. In Australia, human rights principles are enshrined in anti-discrimination legislation.	Yes / No
b. A strengths-based approach to addressing unmet needs requires workers to minimise the challenges a person is facing.	Yes / No
c. In Australia, the principle of equality is embedded in both Commonwealth and state- and territory-based legislation.	Yes / No
d. Competency and image enhancement involves highlighting negative traits in a person to show them how they can improve their behaviour.	Yes / No



Question 3

Briefly outline how competency and image enhancement can address social devaluation.

Question 4

Which of the following statements describe how legal and ethical considerations are applied in the workplace? Tick all that apply.

- Legal and ethical considerations are incorporated into organisational policies and procedures.
- Workers should routinely consult in-house lawyers about legal issues relating to individualised planning and support.
- When workers follow organisational policies and procedures, they are applying legal and ethical considerations to their practice.
- Codes of conduct developed for specific professions outline the ethical responsibilities of workers.
- Organisations must submit support plans to external lawyers for review before they are finalised.

2B

Address impaired social judgement and decision making, and set limits and boundaries

The strategies that are used to meet a person's needs should incorporate approaches to address any impaired social judgement or decision-making capacity.

Social judgement is the process we use to understand other people and our social world. For example, we use social judgement when we determine what behaviour is appropriate in different situations. A person who has impaired social judgement finds it difficult to read social cues and follow social conventions.

Decision-making capacity is a person's ability to make everyday decisions, such as about healthcare or how to manage finances. A person with impaired decision-making capacity is unable to understand or retain information relevant to a decision, use information to make a decision or communicate their decision.

Incorporate strategies

A person can have impaired social judgement or decision-making capacity for a range of reasons, including mental illness, dementia, intellectual disability or brain injury.

Impaired social judgement or decision-making capacity can negatively affect the person themselves and other people around them. For example, they may become socially isolated because other people are frustrated with their behaviour, or they might engage in problematic behaviours, such as physical aggression, that causes harm to other people.

When a person you are working with has impaired social judgement or decision-making capacity, you may need to incorporate approaches to specifically address these issues in their individualised plan.

Here are some examples of approaches that could be used to address impaired social judgement or decision-making capacity:

Situation	Approach
A person with dementia is searching through other people's possessions	The person may be confused about where they are and what belongs to them. Reassure the person and help them to understand where they are now.
A person with dementia is taking their clothes off in public	Use distraction to help the person focus on another task. For example, show them something to look at or lead them to another area.



Situation	Approach
A young person with a brain injury is physically aggressive and verbally disruptive	Take the person away from the things that emotionally trigger their behaviour. For example, if they become aggressive or disruptive in busy and noisy environments, take them to a space that is calm and quiet.

Emotional trigger
An event that initiates an emotional response and produces a particular behaviour.

When developing strategies to address impaired social judgement or decision making, remember that people with cognitive impairments also have the right to move around freely and choose what they want to do.

Finally, even if a person's behaviour is odd, it does not mean that it needs to change. However, if their behaviour is having a detrimental effect on them (e.g. causing social isolation) or affecting other people, then action may be required. If their behaviour is harming themselves or others, it requires an immediate response.

Example

Address impaired social judgement and decision making to set limits and boundaries

Tran is a 43-year-old man with an acquired brain injury. When Tran is frightened, he sometimes reacts by shouting and throwing objects. The workers who provide care to Tran in his supported accommodation find it difficult to reason with him when he demonstrates these symptoms. However, Tran responds well to a firm hand on his shoulder and a calm, soothing voice repeating 'You're okay Tran. You're okay'. Once he has calmed down, the workers often encourage Tran to get some fresh air in the courtyard.

Use positive programming

One strategy that is particularly useful for teaching social skills is positive programming.

Positive programming can be used to support a person to learn social skills such as catching a bus or ordering food in a restaurant.

Positive programming can involve a worker demonstrating behaviours one step at a time and slowly withdrawing support as the person builds confidence. Positive programming is about developing positive skills that work for the individual in their specific environment.

Positive programming
A planned, gradual approach to changing behaviour, where a worker models and supports appropriate behaviour over time to a client.



Other proactive strategies that can enhance an individual’s social judgement and decision-making capacity include the following.

- Goal setting
- Life-skill coaching based on functional and cognitive assessments
- Collaborating with family and others in positive skill development
- Coaching
- Modelling
- Providing **fading assistance**

Fading assistance
 Decreasing the level of assistance needed to complete a task, behaviour or activity.

Set limits and boundaries

A directive approach involves one person with experience or expertise providing another person with advice or direction. A non-directive approach, on the other hand, involves one person using listening and questioning to help another person formulate their own solution to a problem.

For example, if a person is struggling to decide which activity to participate in, a directive approach might involve a worker recommending an activity the person has enjoyed in the past. A non-directive approach, on the other hand, might involve asking the person, ‘Which activities have you enjoyed before?’

Here are some examples of directive approaches that can be used to set limits or boundaries for people with impaired social judgement or decision-making capacity:

Behaviour	Directive approach
A young adult with a brain injury who is doing a training course keeps interrupting other people while they are talking.	Help the person to learn when to put their hand up in the learning environment; for example, help them to practise this skill through role-play.
A middle-aged person with an intellectual disability is touching other people in an inappropriate way.	Use a visual tool to demonstrate to the person which parts of the body are okay to touch and which are not.
A person with dementia is having difficulty making everyday decisions.	Limit or narrow the available choices for everyday decisions. For example, ask ‘Would you like to wear the blue shirt or the red shirt?’ rather than ‘What shirt would you like to wear today?’

Provide focused support

When endeavouring to change behaviour, all staff members must work together in a consistent and structured way.



A focused support response can involve the use of several different strategies, each of which is outlined below. The important thing is that the strategy chosen is applied consistently by all professionals who are working with the individual.

Differential reinforcement	<ul style="list-style-type: none"> • Differential reinforcement is the positive reinforcement of one form of behaviour or response to a certain situation. It involves using rewards for the desired response rather than punishment for the inappropriate response. • The aim is to encourage the individual to repeat the appropriate response or behaviour, until it eventually replaces the undesired behaviour. • You need to understand the individual when designing positive programming rewards, as what is valued as a reward will differ for each person.
Stimulus control	<ul style="list-style-type: none"> • Stimulus control is the process of identifying triggers in the environment that stimulate certain behaviour, and reducing or eliminating that trigger to reduce or eliminate the behaviour. • In turn, it may be possible to identify stimuli that trigger 'good' or appropriate behaviour. For instance, an individual may become angry when they hear the sound of running water but become settled when they are given their favourite object to hold.
Instructional control	<ul style="list-style-type: none"> • Instructional control assumes that people learn best when their learning environment is controlled and planned. The person providing instruction should be in control of the environment and conditions under which instruction takes place. • The learning environment must be consistent and without variation in conditions, and an environment with minimal distractions is preferable. • Instructional control is particularly useful when working with individuals who have autism, as a way of reducing anxiety and drawing their focus toward positive behaviours.

Practice Task 6

Question 1

List two strategies that a worker could use to address a person's impaired social judgement or decision-making capacity.



Question 2

Which of the following approaches are directive? Tick all that apply.

- A worker asks a person a series of questions to help them decide which activity to participate in.
- A worker listens to a person’s response to help them come up with a solution to a problem.
- A worker advises a person who has difficulty with decision making to select a meal they have enjoyed in the past.
- A worker leads a person to a specific location to distract them from a potential trigger.
- A worker encourages a person who is having difficulty making a decision about what to wear to choose their own outfit.

Question 3

Define the meaning of the term ‘positive programming’.

Question 4

Match the focused support strategy on the left with its description on the right.

Differential reinforcement	This strategy assumes that people learn best when their learning environment is controlled and planned.
Stimulus control	This strategy involves using rewards for the desired response rather than punishment for the inappropriate response.
Instructional control	This strategy involves identifying triggers in an environment, and reducing or eliminating that stimulus.

2C

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

Some people with cognitive impairments and certain medical conditions, such as dementia, demonstrate behaviours of concern.

Behaviours of concern include physically aggressive behaviour, verbally disruptive behaviour, disinhibited behaviour and wandering. These behaviours can negatively affect the person who is engaging in the behaviour and other people around them.

In most cases, when a person with a cognitive impairment or dementia is demonstrating behaviours of concern, they are trying to express an unmet need that they cannot communicate.

The table below describes the three important components of any behaviour.

Antecedent	What happens before the behaviour takes place?
Behaviour	What behaviour actually takes place?
Consequence	What is the result or effect of the behaviour?

Many strategies for supporting behavioural change focus on antecedent management, for example, eliminating triggers and helping the individual learn new responses to avoid the behaviours of concern taking place. However, individualised plans for people who demonstrate behaviours of concern should also include strategies to manage the behaviour if it occurs, as well as to address the consequences of the behaviour.

If a regulated restrictive practice is required to be used as a last resort for a behaviour of concern, a behaviour support plan must be developed. A behaviour support plan is a formal document, developed in line with regulations, to:

- record any behaviours of concern that the person uses that might need to be addressed
- advise all staff what is already known about the person's behaviours, such as what might trigger the behaviours of concern
- include lifestyle routines and other factors that can be incorporated into the person's everyday life to reduce the incidence of the behaviours of concern
- provide suggestions, steps and instructions for how to support behaviours without the use of restrictive practices

- list any restrictive practices that have been approved, and the conditions under which they may be used as a last resort
- document all strategies that have been trialled.

Regulated restrictive practices fall under the following categories.

Type of restrictive practice		Example
	Seclusion (imprisonment)	<ul style="list-style-type: none"> • Confining a person in a room that they cannot voluntarily leave at any hour of the day or night • Confining a person in a space and implying that they cannot leave
	Physical restraint	<ul style="list-style-type: none"> • Holding a person so they cannot move • Holding a part of the person's body, such as their arm, to prevent them from hitting you or others, or to prevent them from resisting care
	Chemical restraint	<ul style="list-style-type: none"> • Using medication to sedate someone • Using chemical substances to influence a person's behaviour
	Mechanical restraint	<ul style="list-style-type: none"> • Tying a person to a chair or bed • Using a barrier, such as a seatbelt, tray table or cot sides • Removing the batteries from a person's electric wheelchair • Putting on clothing to deliberately prevent the person accessing or moving any part of their body, such as mittens to prevent the person from scratching their face, or a tight belt to prevent them from touching or removing a continence pad
	Environmental restraint	<ul style="list-style-type: none"> • Locking a garden area to stop people using it • Locking a fridge to stop people accessing food

The use of regulated practices in disability and other services is closely legislated and monitored. These practices must be approved under strict conditions and written into the person's behaviour support plan, with reports lodged every month with the NDIS Commission. Regulated practices must only be used under very specific conditions. For example, where there is no other way to keep the person safe from harm or to prevent them from harming others, a restrictive practice might be needed.

Responses to behaviours of concern

There are three types of responses to behaviours of concern. Some responses focus



on the antecedent, some focus on the behaviour when it takes place and others focus on situations where there is a **crisis**.

Active responses	Active responses focus on the antecedent, such as the factors that might trigger a behaviour.
Reactive responses	Reactive responses focus on the behaviour when it is taking place. A reactive response could involve strategies to stop or de-escalate the behaviour.
Crisis responses	Crisis responses are used in situations that require an immediate response. For example, a crisis response would be used when a person is preparing to self-harm or threatening to harm another person.

Crisis
A situation requiring an immediate response, such as when a person is preparing to harm themselves or threatening to physically harm another person or group of people.

Different strategies can be used for active, reactive and crisis responses. Some strategies overlap across response types. For example, ecological manipulation can be used as an active or reactive response, and de-escalation can be used as a reactive or crisis response.

As with any strategy included in an individualised plan or behaviour support plan, active, reactive and crisis responses must be based on the individual needs of the person.

Active responses

Active responses focus on the antecedent, such as the factors that might trigger a behaviour. Here are two examples of active response strategies:

Ecological manipulation	<ul style="list-style-type: none"> • Ecological manipulation is a proactive strategy of making changes to a person's environment to reduce the likelihood of their problem behaviour occurring in the future. • It involves identifying and eliminating factors from the physical environment that trigger the behaviours. • Triggers may include loud noises, changes in temperature, physical and visual distractions, lighting and furniture placement. • For example, if loud music triggers aggressive behaviour in the person, you can change the environment so only soothing music is played. • Ecological manipulation can also be used as a reactive response – this is when changes are made to a person's environment to de-escalate their behaviour when it is occurring.
Interruption and redirection	<ul style="list-style-type: none"> • Interrupting a person and giving them a new activity, or redirecting them to a new space, is often successful in distracting them from behaviour that is potentially harmful. • You will need to know the person well to ascertain their interests and preferences, and whether these techniques are likely to work.

Reactive responses

Reactive responses involve strategies to stop or de-escalate behaviour once it has occurred. Here are two examples of reactive response strategies:

<p>Consequences</p>	<p>Make the person aware that their behaviour has consequences by rewarding appropriate behaviour with encouragement and acknowledgment and ignoring behaviours of concern (where you show no sign of emotion).</p> <p>Community services workers need to understand that some people with cognitive impairment, such as those with an acquired brain injury, may not be able to understand or respond to consequences.</p>
<p>De-escalation</p>	<p>The following strategies can help you stop behaviour from escalating:</p> <ul style="list-style-type: none"> • Ask the individual what is wrong and try to ascertain the facts about the problem. • Attempt to establish rapport by emphasising cooperation, offering and negotiating realistic options and avoiding threats. • Ask open questions and inquire about the reason for the individual's aggressive or uncooperative behaviour. • Practise active listening. • Ensure agreement between your body language and verbal responses. • Show empathy, respectfully acknowledging any grievances, concerns or frustrations the person has. <p>De-escalation can also be used as a crisis response, such as when a person is threatening to harm themselves or another person.</p>

Video: Calming and de-escalation strategies

Watch this video to learn specific techniques for de-escalation:
aspirelr.link/yt-de-escalation-strategies



Crisis responses

Sometimes, positive approaches to behaviour support are not enough to reduce the risk of harm to the person or to others around them. This can include critical or dangerous situations and emergencies, and situations where the person's behaviour is so extreme that a restrictive practice is assessed and considered the only way to keep the person or others safe.

Your service will have a critical incident policy and procedures designed to protect clients, workers, visitors and others from harm. The law allows you to use a restrictive practice that is not recorded on a person's behaviour support plan to protect them from harm in a rare emergency situation. For example, if the person is about to walk into traffic, you might need to pull at them and hold them back to



prevent them from being hurt.

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

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

Example

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

Athalie is a 55-year-old woman who sustained a serious brain injury after a car accident. She lives in specialist disability accommodation. When Athalie is angry or frustrated, she sometimes tries to hit her head against a wall, table or other hard surface.

Athalie's individualised support plan includes active, reactive and crisis responses based on her specific needs. The active responses include distraction for when Athalie is in situations where she might become over-stimulated, such as busy, noisy environments. Reactive responses include de-escalation techniques that can be used when Athalie starts showing signs of anger or frustration.

Practice Task 7

Question 1

Match the type of response on the left with its description on the right.

Active responses	A response that is used in a situation that requires an immediate response
Reactive responses	A response that focuses on the antecedent component of behaviour
Crisis responses	A response that focuses on behaviour when it is taking place



Question 2

Describe what is involved when a worker uses the strategy of 'ecological manipulation'.

2D

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

Community services workers have a duty of care to fulfil numerous legal and ethical requirements.

Some legislation and ethical requirements are relevant to all workers and settings, whereas other requirements are only relevant in specific situations. For example, what is legally required in one state may not be legally required in another.

The legal and ethical responsibilities of workers are embedded in organisational policies, procedures and guidelines, as well as professional codes of conduct and standards.

Duty of care

According to the requirements of **duty of care**, workers must take reasonable care to avoid someone being injured. Although we do not always know whether our actions will cause someone to be injured, duty of care applies to those situations where we have a reasonable expectation that an action will affect another person.

Duty of care refers to both acts and omission. In other words, it refers to the actions we do take (acts) and the actions we do not take (omission).

For example, giving a young child a sharp knife to cut up a piece of fruit may represent a breach of duty of care. Not providing adequate supervision for children during an excursion to the beach may represent a breach of duty of care – it is an omission.

When developing individualised plans, workers must consider their duty of care towards:

- the individual for whom the plan is being developed
- family members and friends whom the individual will encounter
- other clients, staff and volunteers
- members of the public.

In a working context, duty of care only applies to those areas that are relevant to the circumstances of the care. For example, a doctor has a duty of care regarding the medical treatment she provides but does not have a duty of care regarding a patient's finances.

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

The laws around duty of care will vary depending on your work role and the type of service you provide, as well as the state/territory in which you work. Your workplace will also have a policy that explains your duty of care.

Your duty of care towards clients can vary – for example, a person with impaired decision-making skills may require a higher level of supervision than a person who is able to make their own decisions.

You need to be aware of your duty of care – according to your organisation’s policy and as it relates to your role, service and geographical location – and apply it to your everyday practice.

Legal requirements

The legal requirements relevant to individualised planning are outlined in various laws and Acts.

Your organisational guidelines will describe how to comply with the legislation and regulations related to your role. However, it is important that you are also aware of the legislation that underpins your organisation’s policies and standards.

Here are some key pieces of legislation for workers who are developing individualised plans for clients:

Legislation	Purpose	Example of relevance to individualised planning
<i>Disability Discrimination Act 1992 (Cth)</i>	Prevents discrimination against people with disabilities	Public spaces, such as libraries and cafes, must be accessible to people with disabilities
<i>Privacy Act 1988 (Cth)</i>	Ensures the privacy and confidentiality of all individuals	You cannot discuss or disclose a client’s details to another person without their consent
<i>Freedom of Information Act 1982 (Cth)</i>	Makes it possible to have records and information released	A client is entitled to see all documentation relating to themselves
Restrictive practices legislation	Protects people from restrictive practices, such as being unnecessarily medicated, restrained or shut in a room	The strategies within a person’s behaviour support plan must align with the laws regarding restrictive practices within the relevant state or territory
Public guardianship	Establishes the process for a guardian to be appointed for people who can no longer make decisions for themselves	Workers and services need to respect the guardian’s opinion on behalf of the individual, as this is a legal appointment



If you are working in aged care or government-funded programs, you need to be aware of the specific legislation and standards that apply in those settings. For example, registered NDIS providers who develop behaviour support plans are required to comply with the *National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018* (Cth).

Codes of conduct

Each jurisdiction in Australia has its own code of conduct for disability services. These outline principles of behaviour support practices, including protecting the dignity of people with disabilities.

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

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

Adapted from the NDIS Code of Conduct: <https://www.legislation.gov.au/Details/F2018L00629/Html/Text>

Read the NDIS Code of Conduct for providers here: aspirelr.link/ndis-code-conduct

Ethical requirements

Ethical requirements are usually incorporated into the standards, guidelines and values of an organisation or profession. Here are some examples of ethical expectations and how they could influence the development of an individualised support plan.

Ethical expectation	Example of relevance to plan development
The worker has an obligation to treat clients with dignity	The strategies in a plan must respect the client's dignity
The worker is expected to share their professional insights and knowledge with colleagues	The worker needs to share their knowledge of the client – such as their values, beliefs and preferences – with the team who is developing the plan
The worker will seek advice if they are unsure of a course of action	The worker should seek advice if they are unsure about any aspect of developing the plan, such as relevant and effective strategies to include

For an example of a code of ethics for community workers, go to:

aspirelr.link/acwa-community-workers-code-of-ethics

Abuse

There are a range of different types of abuse, including physical abuse, emotional abuse, sexual abuse and neglect. Children, young people, frail older people and people with disabilities are particularly vulnerable to abuse.

You have an ethical and, in some cases, a legal responsibility to report suspected cases of abuse.

If you suspect that a client is being abused, your organisation will have policies and procedures outlining how you should respond; make sure you follow these. You will need to report your suspicions to a supervisor and, in some cases, also report to a state or territory department or the police.

Aged care providers are legally required to have procedures and processes in place for reporting abuse or neglect that occurs in aged care settings. Legal requirements for reporting suspected abuse towards adults with a disability differ according to the state or territory where the suspected abuse is occurring. The NDIS Commission is also responsible for handling incidents, such as abuse, that occur in relation to NDIS providers.

Further information about responding to elder abuse is available at:

aspirelr.link/older-australians-rights

Further information about reporting to the NDIS Commission can be found at:

aspirelr.link/ndis-providers-incident-report

Example

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

Owen is a personal care assistant who works for an organisation that provides home-based care for older people. He has a good relationship with his client, June, whose adult son, Gerald, recently moved into her house after a messy divorce.

On two occasions since Gerald moved in, Owen has noticed bruises on June's arms. Generally, she appears much more anxious than usual. Owen takes his duty of care to June seriously. He follows the procedures outlined in his organisation's policies and procedures for addressing potential abuse of a client, and immediately reports what he has observed to his supervisor.



Child abuse and neglect

Depending on the state or territory where you are located, you may be legally required to report suspected cases of child abuse and neglect. Many people who work in the community services sector are subject to mandatory reporting requirements when they suspect a child is being abused or neglected; in some states and territories, every person who works in the sector is subject to those requirements. For this reason, you must be aware of the mandatory reporting legislation in your state or territory and how it relates to your job role and responsibilities.

Further information about mandatory reporting requirements is available through the Australian Institute of Family Studies:

aspirelr.link/mandatory-reporting-child-abuse-and-neglect

Information about how to report suspected child abuse or neglect (including a list of relevant reporting authorities in each state and territory) is available at:

aspirelr.link/aifs-reporting-child-abuse-neglect

Practice Task 8

Question 1

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

a. Duty of care applies to acts of omission.	Yes / No
b. Regardless of the state or territory where a worker is operating, the laws regarding duty of care are the same.	Yes / No
c. Reporting requirements for abuse depend on the state or territory the worker is located in, and who they suspect is being abused.	Yes / No

Question 2

Explain how legal and ethical requirements are relevant to the development of individualised plans.



Question 3

A worker suspects that a 13-year-old child who he is providing support to is being abused. Briefly outline the worker's legal and ethical responsibilities in this circumstance.

2E

Consult with colleagues and stakeholders and document the individualised plan

Working in the community services environment requires consultation and coordination with colleagues and stakeholders.

As part of your role, you will be required to work with colleagues and stakeholders to develop strategies and individualised plans. Working in a team allows each person to combine their diverse knowledge and skills for the benefit of the individual.

Once consultations with colleagues and stakeholders have been completed, strategies have been developed, and approaches and responses have been finalised, it is time to document the information in the person's formal individualised plan.

Consult with colleagues and stakeholders

When developing individualised plans, effective consultation with colleagues and stakeholders is crucial. Your colleagues might include workers from your own organisation or from other organisations. They may belong to a range of different professions, such as medicine, allied health, social work and psychology.

Here are some examples of the potential role of different professionals in the planning process:

	Medical practitioner	<ul style="list-style-type: none">• Monitors or advises changes to medication
	Physiotherapist	<ul style="list-style-type: none">• Provides functional assessment• Assists with implementing strategies• Assists with equipment and aids• Devises strategies to assist with physical skills, strength and fine motor skills
	Social worker	<ul style="list-style-type: none">• Implements and monitors strategies
	Psychologist	<ul style="list-style-type: none">• Provides cognitive and functional assessments• Assists with implementing plan and strategies



Stakeholders are the other people or groups who have an interest in the individual’s life and care. Here are some examples of stakeholders and their potential role in the planning process:

Family and friends	<ul style="list-style-type: none"> • Provide details of behaviour and goals • Advise on strategies • Assist with implementation
Advocates	<ul style="list-style-type: none"> • Speak on the individual’s behalf and in the individual’s best interests
Legal guardians	<ul style="list-style-type: none"> • Make decisions on behalf of the individual in accordance with a guardianship order
Funding bodies	<ul style="list-style-type: none"> • Responsible for funding services, purchasing equipment and ensuring the support plan is within funding guidelines

Ideally, each colleague and stakeholder involved in the plan will work together as a team to ensure the plan effectively meets the individual’s needs.

The importance of input from others

Input from colleagues and stakeholders is important to the planning process.

Colleague and stakeholder input is important for:
<ul style="list-style-type: none"> • selecting strategies for the plan (e.g. which strategies have worked in the past)
<ul style="list-style-type: none"> • drawing on diverse expertise to ensure the plan meets the individual’s needs in different settings
<ul style="list-style-type: none"> • accessing funding and resources for implementing the plan
<ul style="list-style-type: none"> • clarifying the individual’s decision-making skills and social judgement.

You will also need to draw on the expertise and support of your colleagues and stakeholders to review and monitor the effectiveness of the support plan once it has been implemented.

Tips for effective consultation
<ul style="list-style-type: none"> • Be clear about your role and responsibilities and the role and responsibilities of others.
<ul style="list-style-type: none"> • Respect different organisations’ processes and procedures for communication.
<ul style="list-style-type: none"> • Use active listening skills.
<ul style="list-style-type: none"> • Acknowledge and respect the diverse knowledge and skills of everyone who is contributing to the planning process (including family members, friends and informal carers).



Tips for effective consultation

- Avoid criticism and judgement of colleagues and stakeholders.
- Respect the privacy and confidentiality of the client.
- Follow organisational policies, procedures and codes of conduct regarding communication (including electronic communication).
- Request feedback from others about your communication and consultation skills, and identify potential areas for improvement.

For information about communicating and consulting with people with disabilities, go to: aspirelr.link/consulting-people-with-disabilities

Example

Consult with colleagues and stakeholders during the planning process

Luca is developing an individualised plan for Anna, a 31-year-old woman with intellectual disabilities who is not eating properly, which may be causing her to feel tired and lethargic. He is consulting with Anna, Anna's sister, his colleagues, Anna's healthcare providers and numerous other stakeholders to finalise the strategies in the plan.

Luca and Anna's sister agree that it would not be appropriate to stop Anna from eating the snacks she enjoys. Anna tells Luca that she does not want to stop eating Oreos 'because they're yummy', and Anna's sister also emphasises that Anna loves snacking, and sweet treats give her something to look forward to.

Anna's occupational therapist notes that Anna is very creative and may be more interested in healthy food if she learns more about cooking and how to use her natural creativity when preparing meals.

Luca encourages his colleagues to use a strengths-based approach during the planning process – reminding them of what Anna can do, rather than focusing on the things she struggles with.

Although he does not agree with every suggestion, Luca demonstrates respect for the knowledge and skills of all the people who contribute to the plan by actively listening to their contributions and taking the time to understand the different points of view of each team member.

Document the formal individualised plan

The person you are working with may already have an individualised plan. In this case, you need to incorporate the individualised strategies into the plan. If they do not have an individualised plan, one needs to be developed. Note that some plans will have multiple strategies.

Your organisation will have policies and procedures regarding who is responsible for developing, reviewing and documenting the plan, as well as how tasks in the plan are allocated.

The person for whom the plan is developed should receive a copy, along with the professionals and other support people who are responsible for implementing the strategies.

Tips for documenting and updating an individualised plan

Organisations will have different procedures and processes for documenting and updating individualised plans. Here are some general tips that may be useful when documenting or updating an individualised plan:

- Only include meaningful and relevant information – for example, you do not need to record everything about the person’s history and background.
- Tailor the plan to the needs of the person for whom it is being developed. Think about features such as font size, language and visual content (e.g. photographs).
- Avoid jargon and acronyms.
- Use a person-centred approach to writing the plan. Who is the person and what is important to them?
- Use a strengths-based approach to writing the plan. What are the person’s strengths? What is working well for them? What resources are available to them?
- Information about strategies should clearly outline who is doing what and when.
- Where possible and appropriate, use the person’s own words to describe how they are feeling and managing. This information is helpful for other staff to start a conversation with the person and is also useful to refer back to when the plan is being reviewed.
- Write in the first or third person (e.g. I want to achieve... Mark wants to achieve...). Avoid referring to the person as ‘the client’ or ‘the patient’.

Source: <https://kpassoc.com.au/wp-content/uploads/2019/06/Top-Tips-for-documenting-RAS-Support-Plans-2018.pdf>



Practice Task 9

Question 1

Identify two stakeholders who might be involved in developing an individualised plan.

A large, empty rounded rectangular box with a thin grey border, intended for the student to write their answer to Question 1.

Question 2

Suggest an example of the type of information that must be documented when outlining the strategies in an individualised plan.

A large, empty rounded rectangular box with a thin grey border, intended for the student to write their answer to Question 2.



Summary

- Support strategies need to respect a person's dignity, rights and choices.
- A range of important principles underpin the work of community services professionals, including a strengths-based approach, a human rights-based approach and equality.
- Social devaluation occurs when a person, or a group of people, are viewed in a negative way. One approach to address devaluation is through competency and image enhancement.
- When a person has impaired social judgement or decision-making capacity, their individualised plan may need to incorporate approaches to specifically address these issues.
- People who have impaired social judgement or decision-making capacity may need a directive approach. This involves one person with experience or expertise providing another person with advice or direction.
- Many strategies for supporting behavioural change focus on antecedent management; however, individualised plans should also include strategies to manage behaviour when it occurs and to address the consequences.
- Duty of care is a legal and ethical responsibility. According to the requirements of duty of care, workers must take reasonable care to avoid someone being injured.
- Organisational guidelines will describe how workers must comply with the legislation and regulations related to their role.
- Ethical requirements are usually incorporated into the standards, guidelines and values of an organisation or profession.
- Individualised plans outline a person's care needs and how those needs will be met. When developing plans, consultation with colleagues and stakeholders is crucial.



Learning Checkpoint 2

Develop individualised strategies to meet the person's needs

Part A

1. Match each term on the left to its description on the right.

Reactive strategies	Incorporates a range of strategies such as instructional control and differential reinforcement
Ecological manipulation	A planned, gradual approach to changing a person's behaviour
Competency and image enhancement	Making changes to a person's environment to reduce the likelihood of their problem behaviour occurring in the future
Positive programming	A way of addressing social devaluation, especially for people who have experienced a loss of independence
Focused support	Focuses on behaviour when it is taking place, rather than trying to prevent the behaviour from occurring

2. Describe the principles of using a strengths-based approach to address unmet needs.



- 3.** Briefly outline what a worker needs to consider their duty of care when developing an individualised plan.

- 4.** List three Commonwealth or state- or territory-based laws that are relevant to a person's rights and equality.

- 5.** Explain when restrictive practices, such as imprisonment (seclusion) or forms of constraint, can be used to manage the behaviour of a person.



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

a. The three components of behaviour are antecedent, behaviour and crisis.	Yes / No
b. Redirection is an example of an active response in an individualised plan.	Yes / No
c. Ecological manipulation is only appropriate as a reactive response in an individualised plan.	Yes / No
d. De-escalation strategies can involve establishing a rapport, asking the person what is wrong and negotiating realistic options.	Yes / No

7. A worker who is providing in-home support to an older person has a suspicion that the person is being physically and emotionally abused by a family member. List two legal and ethical issues the worker must consider in this situation.

8. Which of the following should be used when documenting an individualised plan? Tick all that apply.

- Refer to the client in the third person (he/she)
- Use acronyms
- Use the client's own words
- Refer to the client in the first person (I)
- Incorporate visual content

9. Explain why it might be useful to include a person's own words when documenting their formal individualised plan.



Part B

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

Case study

Bridie is a senior disability worker in a specialist disability accommodation service. One of the people Bridie supports is Ahmed, a 22-year-old man who loves cars and his mum's cooking. Ahmed has autism and an intellectual disability.

Recently, Ahmed has been making inappropriate sexual comments to female residents and workers. Some of the female residents are frightened of Ahmed and some are frustrated by his behaviour.

Bridie identifies one of Ahmed's unmet needs as social connection. Since moving into the accommodation service, Ahmed is missing his large, loving family. Although they visit him regularly, it is not the same as living with them in the family home.

Bridie is working with Ahmed's occupational therapist, Zixin, to develop some individualised strategies to meet Ahmed's needs. As they develop the plan, Bridie and Zixin need to consider the fact that Ahmed's social judgement and decision-making capacities are impaired by his autism and intellectual disability.

Zixin does not work at the same organisation as Bridie – he works for an allied health service called Allied Health Works.

1. Explain three steps that Bridie could take to ensure she is consulting effectively with Zixin during the planning process.



- 2.** Bridie is in a meeting with Zixin, talking about support strategies to meet Ahmed's needs for social connection. Ahmed is also present at the meeting.

Identify two things that Bridie can do during the meeting to help ensure that the support strategies developed for Ahmed respect his dignity, rights and personal choice.

- 3.** Explain why it is necessary for Ahmed's plan to include approaches to address his impaired social judgement and decision-making capacity.

- 4.** Identify two approaches that Bridie and Zixin could include in Ahmed's individualised plan to address his impaired social judgement and decision-making capacity.



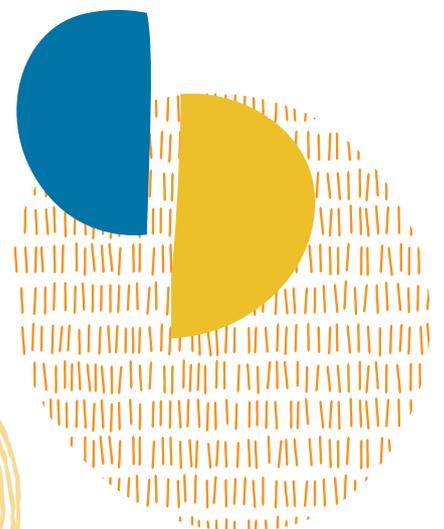
- 5.** Bridie is working with Ahmed to set boundaries on his inappropriate sexual behaviours towards female residents and workers. Describe a directive approach that Bridie could use to set boundaries on Ahmed’s behaviour.

- 6.** Identify at least one legal and ethical requirement Bridie needs to consider when developing Ahmed’s individualised plan.



Topic 3: Monitor effectiveness of individualised plans

- 3A Monitor effectiveness of strategies for positive and adaptive responses and reducing harm
- 3B Identify and report level of intrusion on the person's dignity and self-esteem
- 3C Review individualised plans, recommend modifications and consult with stakeholders



3A

Monitor effectiveness of strategies for positive and adaptive responses and reducing harm

As a community services worker, you will be involved in monitoring the effectiveness of strategies in individualised support plans.

The effectiveness of the strategies in an individualised plan will vary depending on the person and their surrounding environment and circumstances. For this reason, strategies need to be regularly monitored to ensure they are effective in developing and maintaining positive and adaptive responses, while also reducing the risk of harm to the individual and others.

When monitoring the effectiveness of strategies, you will need to determine whether the strategies have:

- led to the development of positive and adaptive responses
- resulted in the maintenance of positive and adaptive responses
- reduced the risk of harm to the person and others.

Monitor effectiveness of strategies

The individualised plan should indicate which member of a team is primarily responsible for monitoring the person's progress; however, the responsibility should not be limited to a single team member, particularly where behavioural change is concerned. This is because bringing about behavioural change requires a consistent approach in a range of environments. Therefore, each member of the team can contribute to monitoring the effectiveness of the strategies.

For example, the effectiveness of a strategy for a person living in shared accommodation might involve:

- multiple residential support workers
- a worker at a day service
- a respite care worker
- the person's family members.

Each member of this team could help to monitor the effectiveness of the strategy. For example, the person's sister could monitor the strategy when her sibling is in her home. The worker at the day service could monitor the strategy when the person is undertaking activities. The support workers could monitor the strategy at different times of the day, and so on.



Questions to ask

Here are some examples of questions to ask when monitoring the effectiveness of strategies for developing and/or maintaining a person's positive and **adaptive responses**.

Adaptive response
An appropriate response to a situation.

Strategy	• Is the person's response positive?	• Is the person's response adaptive?
Ecological manipulation	<ul style="list-style-type: none"> • Has the behaviour stopped occurring now the trigger for the behaviour has been removed? • For example, has the person's behaviour stopped now that the television has been moved away from their bedroom? 	<ul style="list-style-type: none"> • Are positive triggers redirecting the person's behaviour? • For example, is the person calmer now that they have family photos on their wall?
Positive programming	<ul style="list-style-type: none"> • Has the person learnt the new skills as planned? • For example, have the person's social skills improved? 	<ul style="list-style-type: none"> • Does the person use their new skills in a variety of situations? • For example, can the person handle money effectively when shopping?
Focused support strategies	<ul style="list-style-type: none"> • Is the person gradually demonstrating more appropriate behaviour instead of the behaviour of concern? • For example, is the person moving away from people they do not like rather than shouting at them? 	<ul style="list-style-type: none"> • Is the new behaviour being demonstrated in a variety of situations? • For example, is the person demonstrating the behaviour in their supported accommodation and in community settings such as shopping centres and the gym?
Reactive strategies	<ul style="list-style-type: none"> • Did the strategies effectively stop the behaviour of concern when it occurred? • For example, did distracting the person de-escalate their aggressive behaviour towards strangers? 	<ul style="list-style-type: none"> • Did the strategies help the person to learn new ways of handling stressful situations? • For example, has the person learnt to communicate when they want to be removed from a specific environment?



<p>Multi-element support plans</p>	<ul style="list-style-type: none"> • Was the combination of strategies effective at preventing challenging behaviour? • For example, has the behaviour of concern reduced since the use of distraction and ecological manipulation? 	<ul style="list-style-type: none"> • Has the behaviour of concern been prevented in multiple environments? • For example, has the behaviour been prevented in residential and community settings?
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Methods for monitoring effectiveness of strategies

It is necessary to review the person’s actual progress against the expected progress as detailed in their individualised plan.

Use a section of the individualised plan to record the person’s progress. Also provide examples of progress towards changed behaviours.

Here are some examples of sources of data that can be used to monitor the effectiveness of strategies in an individualised plan:

Sources of data for monitoring the effectiveness of strategies
• Completed checklists
• Team meeting notes
• Incident reports
• Discussions with the person and their family
• Observations of the person
• Self-assessment by the person
• The person’s communication book

It is useful to draw on numerous sources when monitoring the effectiveness of strategies, as information from a single source may be unreliable. If you draw on multiple sources, it is easier to identify commonalities among them, and thereby dismiss **outliers** in the data.

Outliers

Data points that differ significantly from the main dataset.

For example, one worker might tell you that a strategy is not working, but four others say that it is. Or your observations of the person in a residential setting might indicate that the strategy is working, but when you check the team meeting notes, they state that the strategy is not working when the person is at the shopping centre and visiting their family.



Multiple sources are likely to give you a more reliable indication of what is (and is not) working. For example, if a survey with 100 people finds that 99 respondents prefer chocolate ice cream and one prefers vanilla, the data from the single respondent who prefers vanilla is an outlier – it differs significantly from the other data that demonstrate most people prefer chocolate ice cream.

Example

Monitor effectiveness of strategies for positive and adaptive responses and reducing harm

Alex is a 70-year-old man living with dementia. He gets frustrated when he cannot remember what he is doing. When this happens, he becomes abusive, often lashing out at strangers.

Alex's care coordinator, Julie, organises a cognitive assessment for Alex. It is clear from the assessment that Alex's ability to plan, organise and initiate tasks, as well as his short-term memory, is impaired.

Julie puts together an individualised plan for Alex that includes ensuring that a support worker goes shopping with him. It involves training the worker in validation and orientation techniques to enable Alex to remember where he is and what he is doing. The plan also includes skills training for Alex on how to shop and how to plan a shopping trip in order to increase his functional skills.

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

Reducing the risk of harm

The risk of **harm** could be to the person, yourself as a worker, your colleagues, the person's family or other people including members of the public.

One way to monitor the effectiveness of strategies for reducing the risk of harm is to review incident forms relating to the person. When reviewing these forms, look for common trends and patterns; for example, you might notice a reduction in harmful behaviours over time.

Harm

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

Notes from team meetings, feedback from other workers and health professionals, and your own observations could all be used to identify whether strategies have led to a reduction in harmful behaviours or the potential for harm. Feedback from the person themselves, as well as feedback from their family members and significant others, can also be useful sources of information.

Where strategies have not resulted in a reduced risk of harm to the person or others, you need to revisit the process you used to develop the support plan and check the following areas.

If strategies for reducing the risk of harm have not been effective, check that:

- the triggers for the behaviour have been accurately identified
- the impact of factors relating to the person's health and wellbeing (e.g. medications) have been identified
- the right strategies for managing the behaviour have been chosen
- the person is motivated and agrees to the plan
- the team is motivated and agrees to the plan.

You may also find that the strategies are not working because the person's circumstances have changed since the initial plan was developed. For example, perhaps they are living in a new environment or they are taking a new medication. This means that the individualised plan may need to be modified to account for the changed circumstances.

Practice Task 10

Question 1

Which of the following questions could be asked to monitor the effectiveness of a reactive strategy? Tick all that apply.

- Did the strategy effectively prevent the behaviour from occurring?
- Did the strategy effectively stop the behaviour of concern when it occurred?
- Was the strategy an effective way of de-escalating the individual's behaviours of concern?
- Did the strategy help the individual learn new ways of handling stressful situations?
- Did the strategy encourage support people to work together?



Question 2

List three sources of data a worker could use to monitor the effectiveness of a strategy in reducing the risk of harm to the individual and/or to others.

3 B

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

Workers in the community services sector have an important role to play in identifying the level of intrusion of interventions on their clients' dignity and self-esteem.

The right to dignity is incorporated into various laws, standards and charters relating to disability and aged care services and supports in Australia. Self-esteem also features prominently in laws, standards and charters relating to people with disabilities, older people and other vulnerable groups.

Intrusions on a person's dignity and self-esteem go against their basic human rights and the principles that underpin community services work.

The process for reporting intrusions on a person's dignity or self-esteem depend on an organisation's policies and procedures and the nature of the intrusion.

Dignity

The Charter of Aged Care Rights in Australia includes the 'right to be treated with dignity and respect'. Standard One in the National Standards for Disability Services also emphasises the importance of dignity and respect.

Being treated with dignity means:
• being treated with respect, sensitivity, courtesy and kindness
• having your rights respected
• having freedom of choice
• being listened to
• having your views taken into consideration
• having your wishes and decisions respected
• having your values and individuality respected
• being allowed to do things for yourself
• having privacy
• having space to yourself.

To read the standards in full, visit:

aspirelr.link/myagedcare-quality-care-rights

aspirelr.link/national-standards-disability-services

Here are some examples of instances where an individualised plan, strategy or intervention might be intruding on a person's dignity.

- The strategies in the plan give the person no opportunity to make their own choices
- The person's preferences and viewpoint were not considered when the individualised plan was developed
- A strategy in the plan requires the person's bedroom door to be left open at all times, which is an intrusion on their privacy

Video: Dignity in care

Watch this video to learn about what dignity means when it comes to supporting people with their personal hygiene:
aspirelr.link/dignity-in-care-personal-hygiene



Self-esteem

To have **self-esteem**, a person needs to appreciate themselves and be appreciated by the people around them.

Our experiences shape our self-esteem. For example, when a person is regularly criticised by the people around them, they can develop low self-esteem.

A person's self-esteem is defined by their:

- self-confidence
- sense of belonging
- feeling of security
- feelings of competence.
- identity

For more information about self-esteem, visit: aspirelr.link/self-esteem

Here are some examples of instances where an individualised plan, strategy or intervention might be intruding on a person's self-esteem:

- A strategy is causing a person fear, anxiety or stress
- A strategy is isolating a person
- A strategy is taking away a person's ability to undertake a task that they are capable of doing

Self-esteem
Confidence in one's own abilities and personal worth.

Identify and report intrusions on dignity and self-esteem

Staff who work directly with clients have an important role to play in identifying and reporting intrusions on clients' dignity and self-esteem.

The person themselves might identify that a strategy is intruding on their dignity or self-esteem. For example, a person with a disability might state that their support worker is not listening to them.

In some cases, however, people will be unable or unwilling to articulate intrusions on their dignity or self-esteem. For example, a person with dementia may be unable to describe how they are feeling, or a person with a disability may be afraid of the repercussions of reporting intrusions.

In this case, it is up to workers to identify and report intrusions. This is easier when workers have developed a relationship of trust and rapport with the person; when you know someone, it is easier to identify when they are uncomfortable. For example, even if a person is nonverbal, you might be able to see in their body language that they are unhappy about the way they are being treated. Similarly, when someone trusts you, they will feel more comfortable telling you when they do not like something.

The process for reporting intrusions on a person's dignity or self-esteem – including the most appropriate person to report to – will depend on your organisation's policies and procedures and the nature of the intrusion.

You may need to discuss what you have observed with your supervisor or team. This may lead you and your team to develop alternative and less intrusive strategies.

For extreme intrusions (such as reportable incidents) – where a person has been physically or sexually assaulted – you will need to follow the applicable reportable incidents mandatory reporting process, as well as organisational procedures. For other intrusions, you may only need to file an incident report.

Remember that if the person is 18 years of age or under, you may have mandatory reporting responsibilities in addition to any organisational requirements you need to fulfil.



Example

Identify and report intrusions on dignity and self-esteem

Janet likes to go shopping for her household groceries at the local supermarket. She enjoys the social outing and the sense of responsibility. However, she sometimes becomes confused. At times, she asks her support worker, Rudy, to put items into her trolley that Rudy knows Janet does not need. If Rudy reminds Janet that she has these items at home, she sometimes becomes verbally abusive.

On other occasions, Janet has refused to hand over money for the items she has purchased. Rudy suspects that this is something Janet does when she becomes anxious about counting out the notes in her purse.

Janet has a new individualised support plan that requires her to write a list before she goes shopping and to use a debit card to pay for her items.

Rudy is in the process of reviewing these strategies to ensure they are not intruding on Janet's dignity and self-esteem. He asks Janet how the strategies are going and consults with two other workers who accompany Janet when she shops.

Janet says that she likes the process because she still feels in charge. Although she still feels nervous about using the debit card, both the other workers note that Janet is not refusing to hand it over when she gets to the checkout.



Practice Task 11

Question 1

Provide two examples of how a worker could identify when a person's dignity or self-esteem is being intruded on.

Question 2

Which of the following factors determine how a worker should report intrusions on a person's dignity or self-esteem? Tick all that apply.

- Organisational policies
- The nature of the intrusion
- The time the intrusion occurred
- Organisational procedures
- How you felt about the intrusion

3C

Review individualised plans, recommend modifications and consult with stakeholders

Reviewing individualised plans is standard policy for community services organisations.

The purpose of reviewing a support plan is to evaluate its effectiveness and identify any modifications that are required.

Reviewing and modifying a plan does not imply failure of the original plan; rather, it is a way of evaluating whether the plan is achieving the desired outcomes and looking at ways to improve it.

A review may take place for numerous reasons; here are some examples:

Reasons for reviewing an individualised plan
• Periodic review is part of the standard policy in your organisation for all support plans
• The person, a family member or an advocate requests a review of the plan
• An incident report is lodged to indicate that a new behaviour of concern has emerged
• A team member advises you that they have observed the person displaying an unmet need
• New triggers or settings are affecting the person's behaviour

Reviewing an individualised plan represents an opportunity for workers, the person and relevant stakeholders to improve it.

Consult with others

To modify an individualised plan, you need to follow a similar process to the one used to develop the original plan. This means consulting with the person, other team members and stakeholders to determine the best ways to achieve the desired outcomes and objectives. Stakeholders may include family members and health professionals from external services who are working with the person.



Here are some examples of questions you can ask when consulting with others about the plan and potential modifications:

Questions for consultation about an individualised plan and potential modifications

- Are the objectives of the plan being met?
- Are each of the strategies working effectively?
- Is the person still committed to the plan?
- Is progress taking place in the direction and at the rate anticipated?
- Have any new unmet needs emerged, and if so, how can these be addressed?
- Are additional changes needed to eliminate triggers for behaviours of concern?
- Are there any new objectives or goals that need to be incorporated?

When consulting with others about modifications to an individualised plan, follow the tips for effective consultation, such as using active listening and acknowledging the diverse skills and knowledge of everyone who is contributing to the process. Also remember to adapt your communication to meet the needs of the person, if required. For example, if they have an intellectual disability, you may need to simplify the language you use.

Modify the plan

Check your organisation's guidelines to see who is responsible for reviewing and modifying the support plan.

Responsibility for the modification process may rest with the coordinator, the case manager or, in some cases, the funding body. As with the development of the original plan, modifications must also be made in consultation with the person and other appropriate stakeholders.

Examples of modifications to the plan might include:

- using alternative or additional strategies
- changing or adding to the people involved in implementing the strategies and/or providing support
- modifying the person's environment
- revising goals
- extending time lines.



Example

Review individualised plans, recommend modifications and consult with stakeholders

Blake has an individualised support plan that includes a strategy to help him learn to share with other people in his art class, and to refrain from hitting them when they use the items and tools he wants to use.

It was initially decided that Blake should have his own items and tools until he had learnt how to share. After three months, Blake's plan is reviewed. Blake's senior support worker reviews his progress with two other support workers and two of Blake's art teachers. Based on the review, the senior support worker decides that they can gradually introduce Blake to the shared items and tools so he no longer needs to have his own set.

Practice Task 12

Question 1

Which of the following are likely reasons why an individualised plan would be reviewed? Tick all that apply.

- The person requests a review of the plan
- The person's advocate requests a review of the plan
- A new CEO has been appointed
- The person's behaviour of concern has improved significantly
- A worker in the team does not want to implement a strategy in the plan

Question 2

Provide three questions a worker could ask stakeholders when they are consulting them about modifying a person's individualised plan.



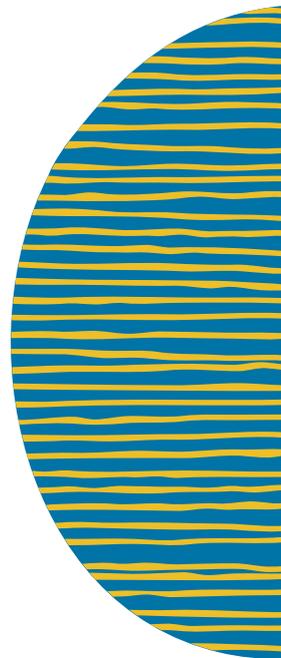
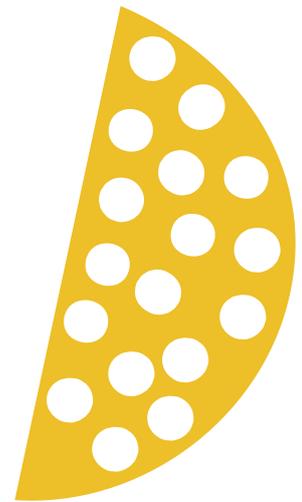
Question 3

List two examples of modifications to an individualised plan.



Summary

- Effective strategies lead to a person developing and maintaining positive and adaptive responses to situations.
- When monitoring the effectiveness of an individualised plan, it is best to draw on multiple sources of information.
- One of the reasons for monitoring strategies is to ensure they have reduced the risk of harm to the person and to others.
- Workers have an important role to play in identifying the level of intrusion of a strategy on a person's dignity and self-esteem.
- Learning to read a person's body language can help workers to identify signs of discomfort.
- Modifying a plan does not imply failure of the original plan, but is a way of improving it.
- To modify a plan, workers need to follow a similar process to the one used to develop the original plan. This means consulting with the person, other team members and stakeholders to determine the best ways to achieve the person's goals and objectives.





Learning Checkpoint 3

Monitor effectiveness of individualised plans

Part A

1. Provide an example of a positive response and an adaptive response to a positive programming strategy.

2. Explain why you need to draw on multiple sources of information when reviewing the effectiveness of strategies for reducing harm.

3. Which of the following accurately describe aspects of self-esteem? Tick all that apply.

- A person's sense of their own value
- A person's sense of their own worth
- A person's sense of belonging
- A person's insight into their identity



4. Provide an example of an intrusion on a person's dignity.

Part B

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

Case study

Diana is a 61-year-old woman who loves travelling, playing card games and watching 'chick flicks' with her family and friends. She lives with her husband, Anton, and their beloved dog, Poppet. Diana and Anton have two sons who live nearby.

Diana has early onset dementia. Until recently, she has been managing her symptoms relatively well at home with the help of Anton, her two sons, her support worker, Maritsa, and her GP. However, Anton tells Maritsa that in the last few weeks he has noticed that Diana is having more trouble with everyday tasks, such as finding her way around the local neighbourhood and remembering to take her medication.

One behaviour that Anton is especially worried about is Diana's lack of awareness around traffic. Anton's neighbour told him that she saw Diana almost get hit by a car when she was walking Poppet a few weeks ago. Since then, Anton has also noticed Diana walking onto the busy road outside their house without looking.

Maritsa, Diana, Anton and the other people and professionals involved in Diana's care have developed multiple strategies to help her navigate the neighbourhood without getting lost, to remember to take her medication and to keep her safe when she is out walking Poppet.



Maritsa is now monitoring the effectiveness of those strategies. One strategy involves Anton giving Diana her phone before she takes Poppet for a walk so that if she gets lost, Anton can locate her using the phone's GPS. Another strategy involves helping Diana to find a new route to take when she is walking Poppet that does not involve crossing the busy road.

When Maritsa talks to Diana about whether the strategies are working, Diana notes that she misses the old route she used to take because it led her past the local community garden, where she often stopped to talk to old friends she has known for years from around the local area.

1. Explain why it is important for multiple people to be involved in monitoring the effectiveness of the strategies developed to help Diana.

2. Based on what Maritsa has learned about the strategies in Diana's plan, explain any potential intrusions on Diana's self-esteem.



- 3.** If Maritsa believed that Diana’s dignity or self-esteem were being intruded on, how would she know how, and to whom, to report what she has observed?

- 4.** List two people Maritsa should consult with about modifications to Diana’s plan.

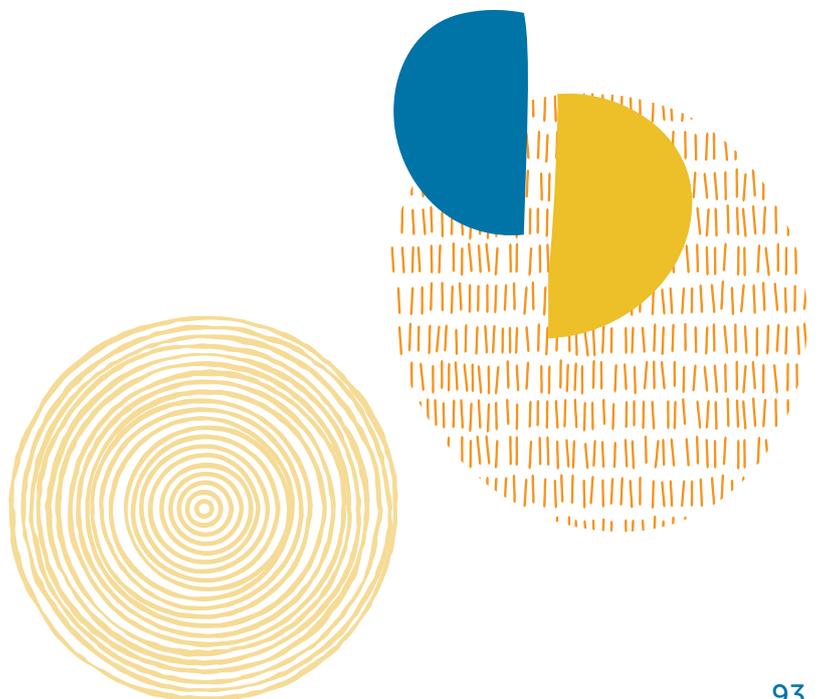
- 5.** Provide two questions Maritsa could ask Anton when consulting with him about potential modifications to Diana’s plan.



Topic 4: Complete reporting requirements

4A Prepare reports and other documentation

4B Keep documents up to date



4A

Prepare reports and other documentation

Your organisation will have policies and procedures around the preparation of reports and other documentation.

Reports and documentation that you may need to prepare include individualised support plans, incident reports, referral forms, checklists and funding requests.

Organisational policies and procedures relating to documentation help to ensure that workers and the organisation itself are fulfilling their legal requirements. Some documents can be used in a court of law as evidence.

The information within documents (such as incident reports) can also be used to monitor and evaluate the effectiveness of programs and services.

Most organisations will have standard templates and formats for documentation that workers must use. These templates and formats are usually set up to prompt the user to include all the required information.

Here are some examples of organisational requirements for preparing reports and other documentation:

- The information within the document should be clear, accurate and objective.
- The document should be signed and dated.
- Workers must use the most recent template for reporting.
- Any amendments to the document must be signed and dated.
- The document can only be accessed by authorised staff.
- The document must be stored in a password-protected location.
- The document must be saved according to the organisation's file-naming conventions.

Prepare reports and documentation

Although different organisations will have different requirements for documentation, there are some common expectations.

One common expectation for workers who are completing reports and documentation is the use of objective rather than subjective language. Objective language describes what has been observed or heard, while subjective language is based on feelings, emotions or opinions.

Organisational policies and procedures specify how information about service users and service delivery should be collected, where it needs to be stored and how often it must be reviewed.



Objectivity in documentation is important because it ensures that the information is factual, rather than being based on stereotypes, assumptions or opinion.

Objective	Subjective
Mrs Giannopoulos stated, 'I am feeling depressed'.	Mrs Giannopoulos seemed depressed.
Alex rose quickly, raised his voice and slammed the door.	Alex acted aggressively.
When Tam was asked about her parents, she did not answer the question.	Tam did not want to answer when I asked about her parents.
Mr Thompson requires full physical assistance with meal preparation.	Mr Thompson is unable to cook for himself at home.

Here are some examples of other common requirements in community services organisations for reporting and documenting:

- Write in a clear and consistent way.
- Do not use abbreviations or jargon.
- Record all relevant information.
- Try to avoid errors and omissions. If you do make a mistake on a hard copy document, you might need to follow a specific guideline for correcting it – a common approach is to sign and date a handwritten correction.
- Write legibly for hard copies and enter data correctly for electronic records.

Tips for clear and concise documents

Being clear and concise is a key requirement for most reports and documentation in the workplace. Here are some tips to help you with this aspect of preparing reports and documentation:

Keep it brief	<ul style="list-style-type: none"> • Use short sentences. • Cut out unnecessary words (e.g. do not say 'the issue was carefully considered'; just say 'the issue was considered').
Use simple, concrete language	<ul style="list-style-type: none"> • Do not use long words when a shorter word can be used instead (e.g. 'use' instead of 'utilise'). • Be precise – avoid vague terminology such as 'the current circumstances'. • Avoid 'flowery' (i.e. elaborate and flamboyant) language.

Report workplace incidents and accidents

All community services workers have work health and safety (WHS) responsibilities. If you witness a workplace accident or incident, you may need to complete an incident report form.



The purpose of incident reporting is to ensure your organisation complies with policies, procedures and regulations related to reporting, investigating and correcting incidents. Some workplace incidents and accidents are ‘notifiable’ – this means the organisation must report the incident or accident to their state- or territory-based WHS regulator.

Your organisation will have specific policies and procedures you need to follow when reporting incidents and accidents, such as:

- which incidents and accidents need to be reported
- who is responsible for reporting incidents and accidents (e.g. employees, volunteers, contractors)
- how incidents and accidents need to be reported (e.g. verbally or via an online reporting system)
- who incidents and accidents need to be reported to (e.g. an appropriate manager)
- when incidents and accidents need to be reported (e.g. within 24 hours of the incident occurring).

Video: Reportable incidents

Watch this video to learn more about organisations’ responsibilities when it comes to reportable incidents within the National Disability Insurance Scheme (NDIS): aspirelr.link/yt-NDIS-reportable-incidents



Here is an example of an organisation’s incident report form:

aspirelr.link/nwss-incident-report-form

Here is an example of an organisation’s incident reporting policy:

aspirelr.link/rch-incident-report-policy

Example

Prepare reports and other documentation

When Jenny starts her new job as a coordinator for a residential house, she is unfamiliar with the processes for preparing reports and other documentation. She consults the organisation’s policies and procedures and spends some time reviewing the forms and templates that are relevant to her role.



The organisation also has a printable one-page document that summarises how workers need to complete, prepare and store reports and other documentation. Jenny pins this document to the wall of her partition so she can easily refer to it in the future.

Practice Task 13

Question 1

An organisation requires workers to write their case notes using objective language. Which of the following case notes by the worker are objective? Tick all that apply.

- 'Anna seems very anxious today'
- 'Anna told me she was too tired to do her grocery shopping'
- 'Anna's house is messy and unkempt'
- 'Anna owns two large dogs'
- 'Anna looks as if she's had a rough week'

Question 2

List two examples of organisational policies and procedures for reporting workplace incidents.

4B Keep documents up to date

People’s circumstances and needs will change over time – these changes must be documented.

Maintaining current documentation ensures that services can keep up with the changing needs and circumstances of clients. Out-of-date information within documents can have serious repercussions for clients and organisations.

If documentation is not up to date, it can have a negative effect on clients. For example, if a person’s needs change but their documentation is not updated to reflect those new needs, their needs may not be met by other workers who refer to the documentation when delivering services.

Documentation that is not up to date can also have repercussions for organisations. For example, if organisations do not have up-to-date health and safety records, they may be breaching their legal responsibilities.

Here are some other examples of the repercussions of outdated documentation:

Individualised support plans	Workers could go to the person at the wrong time and/or be unsure about what tasks they are to perform.
Medications	New medication or changed dosages that are not recorded could result in side effects, inexplicable behaviour, illness or death.
Health status	The individual may be in hospital but the support worker may arrive at the person’s home for a shift if the information has not been noted on their file.
Triggers	Changes in wellbeing may trigger behaviours of concern, such as withdrawal. If changes are not recorded, behaviour could be attributed to other causes. Workers cannot eliminate triggers unless they know about them.
Ecological manipulation and reinforcement	Changes to the environment need to be recorded so that everyone ensures the changes are maintained. If reinforcement strategies are not recorded, workers cannot take a consistent approach to behaviour management.
Geographical	If geographical containment strategies are not recorded, an incident may escalate, resulting in harm to people or property.

There are a range of steps you can take to maintain the currency of documentation. Make sure you document important information as soon as you become aware of it. This helps to ensure that the information is accurate. For example, if a client provides you with information, make a note of it as soon as you can. If you wait, you may not be able to recall exactly what they said.



Follow your organisation's policies and procedures around updating information. For example, make sure you know when individualised support plans need to be reviewed.

Information you may need to update:
• The progress of the person
• The person's health, wellbeing and medication
• The person's family circumstances and relationships
• Skills development records for the person
• Adaptive responses of the person
• The findings of cognitive and functional assessments
• Staffing arrangements (people providing services) for the person
• Referrals made for the person
• Expenditure on services for the person
• Sources of funding for the person

Example

Keep documents up to date

Kathy is a team leader who provides behaviour support to people who have acquired brain injuries. She understands that information must be kept up to date so that workers can respond promptly to any behavioural issues.

Kathy files all information that comes across her desk on the day she receives it. She places a reminder on her to-do list of any documentation she still needs to complete and makes sure she updates any changes of information before she leaves each day. This is consistent with her organisation's policies and procedures.



Practice Task 14

Question 1

Explain why documentation needs to be kept up to date.

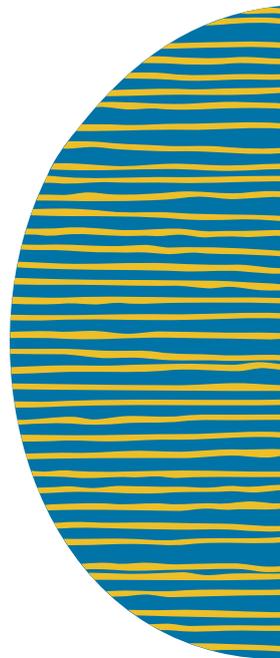
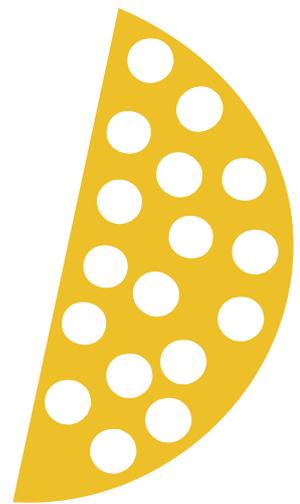
Question 2

Describe what workers can do to maintain the currency of documentation.



Summary

- Organisational policies and procedures relating to documentation help to ensure workers and the organisation itself are fulfilling their legal requirements.
- Organisational policies and procedures specify how information about service users and service delivery should be collected, where it needs to be stored and how often it needs to be reviewed.
- Different organisations have different requirements for documentation; however, one common expectation for workers who are completing reports and documentation is the use of objective rather than subjective language.
- Objective language describes what has been observed or heard, while subjective language is based on feelings, emotions or opinions.
- Being clear and concise is a key requirement for most reports and documentation.
- A workplace incident is any event that poses a risk to a person's health or safety; some risks in the workplace can lead to workplace accidents.
- Organisations have specific policies and procedures workers need to follow when reporting incidents and accidents.
- Maintaining current documentation ensures that services can keep up with the changing needs and circumstances of clients.
- If documentation is not up to date, it can have a negative effect on clients.





Learning Checkpoint 4

Complete reporting requirements

Part A

1. A worker is updating an individualised plan by hand and realises they have made a mistake. They cross out what they have written and correct their mistake. Which of the following would the worker now be required to do? Tick all that apply.

- File an incident report
- Sign the correction
- Inform their supervisor
- Date the correction
- Shred the document

2. Define a 'notifiable incident'.

3. Provide at least three examples of how outdated information can negatively affect the provision of support.



Part B

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

Case study

Three months ago, Colin prepared an individualised support plan for Lydia, a person he is supporting. Over the past three months, Lydia's circumstances have changed. Three months ago, she was living with her sister. Now she is living in her own unit. Three months ago, she did not have a psychiatrist. Now she has a psychiatrist who she sees regularly.

1. Explain what might happen if Colin does not make sure that Lydia's plan is current.

2. Colin witnesses another worker almost fall down the stairs outside Lydia's unit. List two examples of organisational policies and procedures Colin may need to follow when reporting this incident.



Glossary

Acquired brain injury

Any type of brain injury that occurs after birth; for example, brain injury can occur as a result of a car accident or drug overdose.

Active listening

Concentrated listening and non-verbal encouragement indicating an understanding of what is being said.

Adaptive response

An appropriate response to a situation.

Cognitive assessment

An assessment of a person's cognitive abilities, related to mental processes such as memory, judgement and reasoning.

Communication book

A resource used by workers to pass on regular information about an individual client.

Crisis

A situation requiring an immediate response, such as when a person is preparing to harm themselves or threatening to physically harm another person or group of people.

Dementia

A group of progressive neurological diseases that affect a person's cognitive abilities and behaviour.

Dual diagnosis

A diagnosis that signifies a person has both a mental illness and a substance use disorder.

Duty of care

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

Emotional trigger

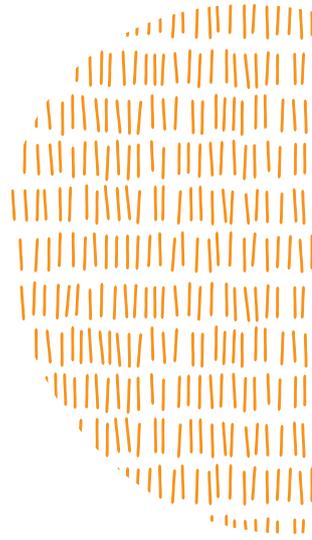
An event that initiates an emotional response and produces a particular behaviour.

Fading assistance

Decreasing the level of assistance needed to complete a task, behaviour or activity.

Functional assessment

An assessment of a person's ability to function independently and undertake everyday tasks.





Harm

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

Human rights

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

Outliers

Data points that differ significantly from the main dataset.

Positive behaviour support

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

Positive programming

A planned, gradual approach to changing behaviour, where a worker models and supports appropriate behaviour over time to a client.

Progressive disorder

A disease or health condition that often becomes worse over time, leading to a decline in health or functioning.

Rights-based

Situates the rights of service users at the centre of service provision, with a focus on accessibility, autonomy and equity.

Self-esteem

Confidence in one's own abilities and personal worth.

Social devaluation

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

Strengths-based approach

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

Validation

Accepting and acknowledging what a person believes to be real and responding accordingly.