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1A Recognise signs that the person may have unmet needs

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

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



Signs and symptoms of unmet needs

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

Signs and symptoms of an unmet needs may include:

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

Safety need and purpose

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

Example of behaviours:

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

Love need and purpose

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

Example of behaviours:

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

Esteem need and purpose

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

Examples of behaviours:

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

Self-actualisation and purpose

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

Example of behaviours:

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

Example

Recognise signs that the person may have unmet needs

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

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



Functional assessments

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

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

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

Functional assessment sample checklist

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

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

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

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

Collect data

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

Observation

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

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

Verbal sources

Verbal sources of data may include:

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

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

Written sources

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

Sources of written data

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

Individual's plan

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

Formal assessment

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

Example

Gather information to confirm scope and nature of unmet needs

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

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

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



Practice task 3

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

Case study

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

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

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

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

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



Collect and report information for individualised plans

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

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

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

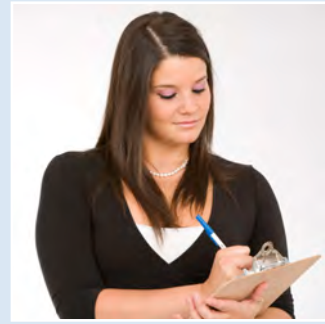
Time/ date	Observed by:	Environment	Type of behaviour	Trigger	Successful strategies
4.00 pm 8 May	Stephanie (worker)	Individual's home	Loud moaning and attempts to scratch own face	Male worker entered room	Male worker withdrew
11.15 am 2 June	Janis (physio)	Clinic	Loud moaning	Male assistant entered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

Example**Collect information to report, analyse and develop individualised plans**

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

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

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



Practice task 5

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

Case study

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

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

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



Topic 2

In this topic you will learn how to:

- 2A** Contribute to proactive support strategies that respect the person
- 2B** Address impaired social judgment and decision-making to set limits and boundaries
- 2C** Integrate individual active, reactive and crisis responses based on individual needs
- 2D** Develop responses according to duty of care, ethical and legal requirements
- 2E** Consult with colleagues and stakeholders during the planning process
- 2F** Document in formalised individualised plan

Develop individualised strategies to meet the person's needs

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

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

Proactive strategies to promote appropriate behaviour

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

Reinforcement strategies

Reinforcement strategies may include:

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

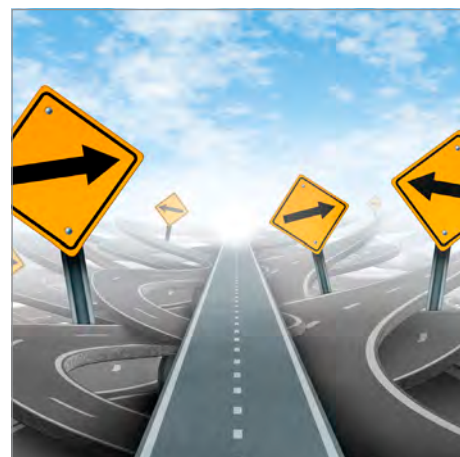
Proactive strategies

Advanced proactive strategies may include:

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

Respect the dignity, rights and personal choices of the person

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



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

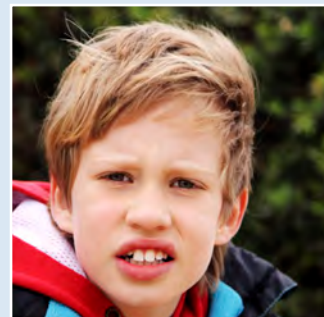
Example

Contribute to proactive support strategies that respect the person

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

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

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



Impaired social judgment

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

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

The individual interrupts other people in a learning environment

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

The individual touches people on private parts of their body

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

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

The individual does not know how to share with others

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

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

Role-play appropriate sharing.

Use a faded-support approach.

The individual does not know how to address visitors appropriately

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

Misunderstanding of the appropriate outlet for sexual activities

- ▶ Directive approaches:
Compile a masturbation book.

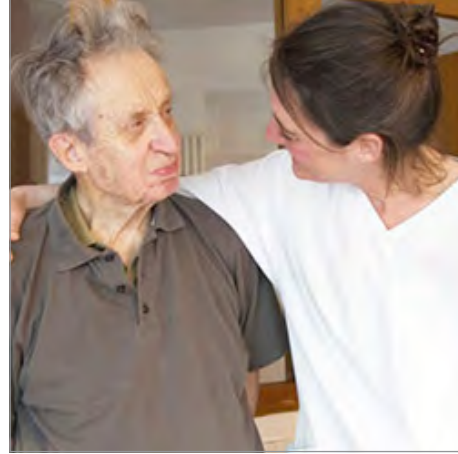
Use storyboards to show private versus public spaces.

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

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

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

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



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

Individual active, reactive and crisis responses based on individual needs

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

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

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

Three important components of any behaviour:

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

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

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

Constraint

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



Imprisonment

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

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

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

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

Abuse

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

Team members

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

The individual

- ▶ Set goals

Family members

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

Social workers

- ▶ Implement and monitor strategies

Physiotherapists

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

Medical practitioners

- ▶ Monitor or advise on changes to medication

Development officers

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

Educational psychologists

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

Summary

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

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

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

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

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

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



What to look for when monitoring response effectiveness

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

Ecological manipulation

Positive response:

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

Example: Stopping the loud music has stopped the behaviour.

Adaptive response:

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

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

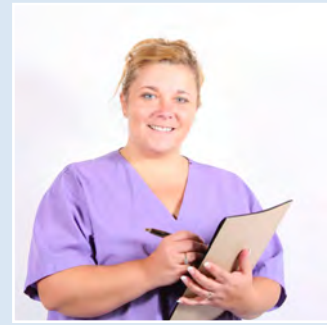
Example

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

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

His support plan contains a number of strategies, including:

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



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

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

Practice task 13

Read the case study below, then answer the questions.

Case study

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

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

4B Update documents to maintain currency

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

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

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



Update documents to maintain currency

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

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

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

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

Updating information

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

Maintain currency of documentation by:

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

Example

Update documents to maintain currency

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

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

