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Follow the person's care plan

One of the most significant influences on staff routines are each person's individualised care plan. While they may be called different things in different settings, individualised care plans generally describe the care needs of a person – they explain what care is needed; how and when the care should be provided; and may also include reference to other types of services to be provided.

The care plan may also include skills development activities and behaviour support plans, which are made in the context of the overall plan for each person. They cover the skills identified for development and the management of any behaviour that may put the individual or others at risk.

Provide assistance with referrals

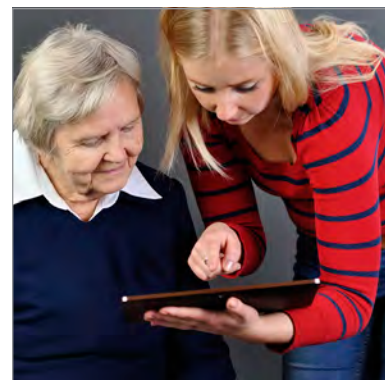
Certain tasks will be beyond the support worker's capabilities and training. Workers need to know the limits of the role, and who to refer to when tasks require more assistance. For example, if a person requires medical assistance, support workers need to know who to contact, how to make contact and what information to provide. They also need to comply with privacy and confidentiality requirements when sharing information.

Support the person

The social model of disability emphasises the person, not the disability. In your work, it is important to ensure that the person is the focus. Involve the person in decision-making. Ensure you support the person to make their own decisions. Consult the person about their preferences and choices.

You may need to provide assistance, such as an interpreter, hearing or visual aids, or other communication aids to make sure the person has the ability to be involved in decision-making.

Treat the person with dignity and respect at all times.



Identify daily living routine

Generally, a person's routines are documented in their support plans, which describe the activities the individual participates in on a daily basis, together with strategies for how people will engage in these activities.

Routines are useful because:

- ▶ the order of the activities becomes memorised, so activities are easily remembered
- ▶ they usually allow the activities to be carried out in a predictable period of time
- ▶ over a period of time, routines form a consistent pattern in our lives that leads to lower levels of stress than if no routines were in place.

Identify daily living activities

Activities vary from one person to another. Activities may be group activities.

Disability Discrimination Act 1992

The *Disability Discrimination Act 1992* gives a broad definition of disability and prohibits direct or indirect discrimination based on disability. It also prohibits discrimination against individuals associated with people who have disabilities; these may be friends, relatives, carers and co-workers. Exemptions to the Act include when a potential employer would be placed under unjustifiable hardship in order to employ a person with a disability, although the employer is expected to make reasonable adjustments. An example of an unjustifiable hardship might be the cost of extensive renovations to allow for wheelchair access to and throughout a small, second floor studio owned by a small business.

You can read more the *Disability Discrimination Act* at: www.comlaw.gov.au/Series/C2004A04426

The Act makes it unlawful to discriminate in the areas of:

- ▶ employment
- ▶ education
- ▶ access to public premises
- ▶ purchase of house and land
- ▶ provision of goods, services and facilities
- ▶ administration of Commonwealth Government laws and programs.

Discrimination and the law

Eliminating discrimination continues to be a focus of the United Nations. International laws have been developed which require countries to work towards the elimination of all forms of discrimination, and in particular, racial discrimination.

These international laws, called treaties or conventions, apply throughout the world. A treaty or convention operates like a contract. When a country, such as Australia, becomes a party to a convention, it is bound to act in accordance with the rules contained in that convention. Australia is a party to a number of anti-racism conventions, which impose obligations on Australia in regard to racism and racial discrimination in schools and other contexts.

You can read more about international laws against discrimination at: www.racismnoway.com.au/about-racism/legislation/index-Internat.html



Codes of conduct

A code of conduct, or code of ethics, is a set of standards that the members of the organisation should adhere to in the workplace. Most organisations will have their own code of conduct based on legislation, such as the *Human Rights Commission Act 2005*.

When supporting people to maintain their activities of daily living, ensure that you comply with your organisation's code of conduct. This involves maintaining the person's dignity, privacy and security.

For example, if a person is showering, be mindful of their dignity and privacy, and close the door.

Here are some other causes of abuse.

Causes of abuse

The primary carer may be stressed at home or at work.

A person may be in debt and may steal from the person.

There is conflict, arguments and fights within the family.

The person is isolated and alone and the abuser thinks no-one will find out if they treat them badly.

A carer may be using drugs or drinking too much alcohol and cannot care for the person properly.

Indicators of abuse

The importance of observation and getting to know the person you are supporting can assist in identifying indicators of abuse. When you know someone, you are more likely to pick up on changes in their behaviour. Changes in behaviour can be a result of other things, as well as being an indicator of abuse, so it is important to check your assumptions before coming to the conclusion that the person is in fact being abused.

Here are some indicators of abuse.

Behaviour changes of a person with care needs

- ▶ A person may become withdrawn, depressed, and anxious or display signs of being scared. They become quite ambivalent or non-responsive.
- ▶ You might find the person is becoming disorientated or making contradictory statements. This of course can be a sign of a range of illnesses, so should be thoroughly assessed before you make an assumption that the person is being abused.

Behavioural signs from the carer

- ▶ You might encounter situations where the carer makes lots of excuses so you cannot gain access to the person with care needs.
- ▶ The carer might be overly affectionate and flirtatious with the person, which might indicate an inappropriate sexual relationship.
- ▶ You might find the carer gives conflicting accounts of incidents, or is hostile towards the person with care needs.

General indicators

- ▶ Changes in the person's health such as unexplained weight loss, bed sores, poor colouration, sunken eyes and cheeks.
- ▶ Unexplained injuries or continual injuries.
- ▶ Personal care needs of the person not being met which can be indicated by dirty hair, dirty clothing, soiled bedding and unclean living conditions.
- ▶ Inappropriate use of medication, such as drugging the person so they sleep for longer periods of the day and night.

Food preferences

A person's food choices may be dependent on personal taste, health, cultural custom or religious custom. For example, many Islamic people eat and drink Halal, which means food or drink must have been prepared in a specific way. Most Islamic people do not eat pork. Some people will be vegetarian, which means they do not eat meat. Some people may be vegan, which means they do not consume animal products.

If a person has a preference for a certain food, be respectful, and where possible accommodate food preferences.

Communication preferences

People have different styles of communication. Be aware of a person's individual communication style. For instance, in some cultures it is rude or disrespectful to maintain eye contact.

A person may prefer emailing or texting, rather than talking on the phone.

By being observant, and consulting a person's individual care plan, you can identify specific communication preferences.

Personal goals and objectives

People will have different goals and objectives, depending on their capabilities, needs and strengths. You may support a person to identify their specific goals and objectives, and provide required support, such as a communication aid, which supports the person to meet the goal or objective.

If the goal or objective is not outlined in the individualised care plan, spend time communicating with a person about their goals and objectives.

The involvement of family or significant others

How people interact with family is very individual and varied. Family relationships may be influenced by culture and customs. In some cultures, the father or eldest brother will make decisions for the females in the family.

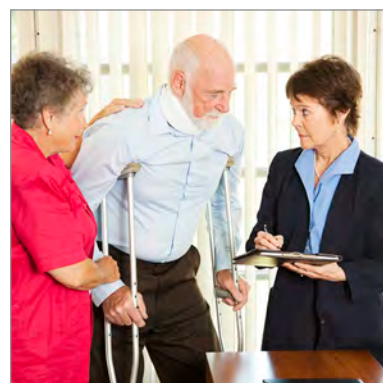
Some people may choose to marry, and others may not. Sexual-orientation and gender preferences may vary.

Support people to live the life they choose, and interact with family as they wish.

Consider individual strengths

A strengths-based approach emphasises a person's strengths and contributions. Using a strengths-based approach, you can encourage people to acknowledge and draw on their life experience, which assists them to identify strengths they already have. Individuals can then use these strengths to develop further related knowledge or skills or to develop new skills and competencies.

This approach also acknowledges that many of people you support may be expert in their own condition, whether it is the ageing process or a disability. People you support should therefore be able to contribute ideas to the best way of achieving independence for themselves. You can then support them and draw on their expertise.



Respond to lack of engagement

Ensure you observe all elements of a person's communication including what they say, how they say it, the attached emotion, the body language and any underlying messages. If a person refers to or complains about anything that is not directly associated with an activity, this may provide a clue as to the source of the problem. For example, a person may be in pain and this may be the main reason why they are not engaging in an activity.

By using clear, effective communication you should be able to identify the problem and be able to take steps to resolve it.

Below is a list of ways to improve engagement.

To respond to a person's lack of engagement you could:

- ▶ act assertively, but with empathy
- ▶ listen actively for meaning and repeat what the person has said to ensure you understand them and better identify their needs
- ▶ speak clearly in language appropriate to the person
- ▶ be aware of your body language; make sure it is non-threatening
- ▶ encourage and prompt the individual.

Identify and respond to problems with motivation

Motivation relates to a person's ability and enthusiasm to engage with, or proceed with a task. If a person lacks motivation, they may be less inclined to do an activity. Lack of motivation may be related to mental health issues, such as depression, physical issues, such as the inability to perform a task, or emotional issues, such as fear of failure.

People you support will have different levels of motivation, but it is important to be aware if a person's motivation levels change, as this may indicate a need is not being met. Identify the possible reason for changes in motivation. Perhaps the task is inappropriate for the person. Or maybe the objectives are unrealistic. The person may have a physical, emotional or mental issue which is impacting motivation.

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

Below are examples of ways to identify and respond to problems with motivation.

A person is not attending activities

Example:

You notice a person you support has not been engaging in their usual morning activities. They appear to be sleeping longer, and when asked about their attendance, they show little enthusiasm.

Response:

You spend time talking to the person about why they don't feel like attending the morning activities. You learn they feel very tired, physically, and have very little motivation to get out of bed. You speak to your supervisor about having the mental health team conduct an assessment, as you suspect the person may have symptoms of depression.



Topic 2

In this topic you will learn how to:

- 2A Recognise behaviours of concern outlined in the individualised behaviour support plan**
- 2B Consider what happened before, during and after the behaviour of concern**
- 2C Consider the type, frequency and triggers of the behaviour**
- 2D Consider environmental factors, and the person's emotional wellbeing, health status, and medication, in the context of the behaviour**
- 2E Record all observations accurately and objectively in consultation with supervisor**

Review context of behaviours of concern

Support workers make a major contribution to behaviour support plans as they are in constant contact with people you support, and can observe and monitor for behaviour that has the potential to put the person and other people at risk of harm. A behaviour support plan is a document that sets out strategies that support workers and others in the team should use when certain specified behaviour occurs. Behaviour support plans are made on an individual basis, taking into account the observations of workers, and represent the required way to deal with any 'at risk' behaviour.

Support workers and coordinators must recognise, respond to and report behaviour that is uncharacteristic and may cause harm. This behaviour, which constitutes a hazard, must be responded to immediately in order to meet WHS and duty-of-care obligations, and to remove the harm.

Examples of behaviours of concern are outlined below.

Behaviours of concern	
▶	Hurting oneself, such as self-harm, hitting or scratching.
▶	Hurting others, such as biting, punching or kicking someone.
▶	Aggression towards others, such as raising voice or swearing.
▶	Breaking objects, such as household items.
▶	Refusing to participate.
▶	Deliberately doing things people don't like, such as undressing.
▶	Repeating the same activity to cause harm to self or others.
▶	Hiding away from people.

Recognise behaviours of concern from the plan

The individualised behavioural support plan will be based on assessment and observable incidents. The content of the plan should therefore be reliable and evidence-based. When you begin supporting a person, view their behaviour support plan, and identify the indications of behaviour, the triggers of behaviour, the consequences of behaviour, prevention and appropriate response.

If you are unsure how to recognise a particular behaviour, talk to your colleagues or your supervisor to clarify.

Here is an example of a behaviour support plan.

Behaviour Support Plan
<p>Name of person: Claus Spate</p> <p>D.O.B. 6.10.1944</p> <p>Date: 10.11.2016</p>
<p>Background:</p> <p>Claus has autism and a history of alcohol abuse. Claus has received medical treatment for alcohol addiction, although still sometimes drinks excessively. Claus has been moved from 1 Cherry Lane, due to abusive behaviour towards other residents and staff.</p>
<p>Indicator of behaviour:</p> <p>22.12.2013 Claus used a penknife to threaten a staff member. Claus broke his own skin with the knife and was hospitalised.</p> <p>Claus' behaviour was triggered by drinking alcohol from 6 am until 4 pm. Alcohol included spirits, beer and wine.</p>
<p>Indicator of behaviour:</p> <p>Claus has repeatedly raised voice at other residents and staff during periods of alcohol consumption, causing distress to others.</p>

The following checklist can be used after an event.

After a behaviour of concern:

- ▶ ensure your own and others' safety
- ▶ call ambulance if required
- ▶ call supervisor
- ▶ record the event factually
- ▶ record triggers and causes of event
- ▶ amend individualised support plan if required
- ▶ monitor your own response
- ▶ seek ongoing supervision if required.

Example

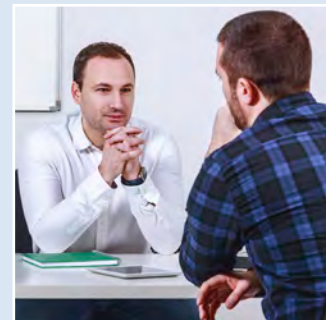
Consider what happened before, during and after the behaviour of concern

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

On the third morning, Cesack witnesses another resident provoking Todd about his hair. Cesack can see Todd's behaviour escalating. He calls the supervisor, who comes down to the common room. Todd pushes the other resident against the wall. The other person hits their head. Cesack does not want to restrain Todd as he knows from the plan it will only escalate the situation further. He calls the police, with the supervisor's permission. He, the supervisor and the other resident lock themselves in the office until the police arrive.

Todd is lying on the floor in recovery when the police arrive. Todd receives his medication, and goes to his room to rest. The other person is checked by the medical staff.

Cesack and his supervisor debrief about the incident. Cesack observes that he felt quite stressed at the time, but was okay once he knew he was safe.



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

Observe without judgment

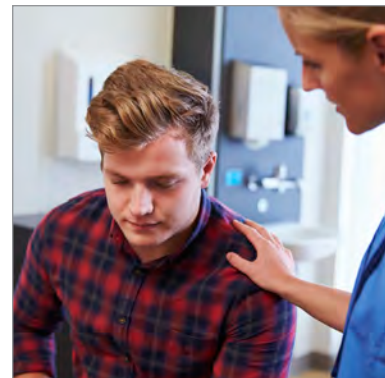
Although some behaviour that may put people at risk of harm is extremely challenging, it is important to remember that the behaviour may be beyond a person's control. Try to consider the whole person and situation while the behaviour is occurring; leave value judgments aside and simply observe the behaviour. It is important to do so to gain a clear picture of the situation and to ensure you do not make any unfair or incorrect assumptions. Then, when you record your observations, use objective and concrete language, so others have a clear account of what occurred.



Consult the person

Your observations may include any information that the person with the behaviour provides. For example, if a person starts to be aggressive during bathing, try talking to the person to identify what is causing the problem. The person may be confused, or not sure about why they are being bathed, and clear communication may help prevent the behaviour occurring.

People can be consulted after harmful behaviour has been controlled. When they are calm, you may be able to sit and talk to them about why they think the behaviour occurred. Ask if there is anything you can do to help. This shows the person they are supported, and they will feel more empowered being involved in their behaviour support plan.



Record observations

Recording procedures may vary according to different workplaces or settings. For example, you may need to complete care notes, an incident report form, checklists for reviewing incidents, and/or a behaviour observation chart or sheet. Details of the behaviour of an individual should be recorded objectively and apparent causes, triggers or underlying issues should be noted. Critical incidents are generally recorded separately.

Below is a list of considerations to make when recording observations.

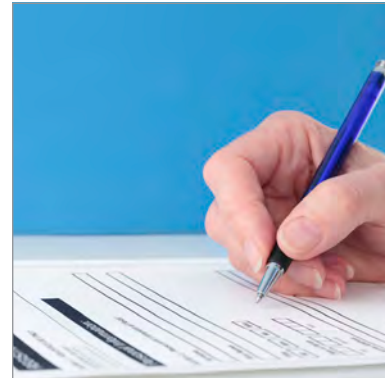
When recording observations:

- ▶ be factual
- ▶ use clear, concrete language
- ▶ be thorough and record all details about before, during and after the event
- ▶ record observations at the time of, or directly after the incident
- ▶ follow organisational procedures
- ▶ seek supervision
- ▶ ensure confidentiality.

Record changes in behaviour

If you notice any changes in a person's behaviour, you should talk to the person about how they are feeling and work with them to identify possible contextual issues that are impacting their behaviour. Certain triggers may be obvious to the person, but some triggers may be less obvious.

Records are important because they allow you and others to start to see patterns in behaviour, and identify triggers and other contextual causes, if the person cannot identify the trigger themselves. Records help you support the person to manage their behaviour.



Medications

The effects of medication vary from person to person. Side effects may also vary between people, depending on how the person reacts and responds to the medication. Often, and particularly with psychiatric drugs, effects can significantly influence a person's behaviour and how they feel. Once again, getting to know the person, their support plan and the nature of the medication they are taking can assist you to observe the effects of medication on their behaviour. For example, some antidepressants can overexcite a person, so that they become agitated and anxious.

Checking charts

If a person displays unusual behaviour, it is important to check the medication chart to make sure they have received their medication at the correct time. Check the dose is accurate.

A person's physiology may have an impact on the effects of medication; changes in other parts of the body can influence the effectiveness of medicines. For example, if someone is dehydrated, the level of medication in their blood will increase, as will the side effects. Certain medications in combination may also react, as can the consumption of alcohol or other drugs with prescription medication. If you think medication has not been taken properly, or is having an unexpected effect on a person's behaviour, consult your supervisor, and call for medical assistance.

Possible side effects to medications

Medicines may affect different people in different ways. Specific side effects can be symptomatic of a specific medical condition. Only the person's medical practitioner has the ability and responsibility to make judgments about medication.

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

Consult the person directly. The person affected by the medication may be able to identify their behaviour as a side effect of a prescription drug or other medication they are taking. You should also ask if the person has taken the medication before, in case the person is having an unpredictable reaction.

Below is a list of common side effects of medication.

Side effects of medication are many and varied and may include:

2. Why do you think it is important that Paola's observations are accurate and objective?

3. How did the supervisor provide support to Paola in this situation?

Summary

1. Most behaviours have a context. The context is the environment the behaviour occurs in, the triggers that stimulated the behaviour, the preceding events and past behaviours. Understanding the context of the behaviour can help support workers, the team and the people being supported develop an accurate behaviour management plan.
2. An individualised behaviour support plan allows support workers to understand the specific and unique needs of each individual they work with. The plan outlines expected behaviours and supports.
3. Observe and record the details about what happened before, during and after a behaviour occurs.
4. Making accurate records will help you to identify the type, frequency and triggers of behaviour and you will start to see patterns; for example, behaviour may always occur at a particular time of day. Identifying triggers may help you predict and better manage certain behaviours.
5. Environmental, emotional and physical wellbeing and medication may impact people's behaviour in different ways. If a change occurs, monitor how it affects a person. If a behaviour occurs, identify where there have been contextual factors that have influenced the change.
6. Record observations accurately and objectively, in consultation with your supervisor. Records need to be accurate and objective to be useful in managing the behaviour.

A person is screaming

Appropriate intervention

- ▶ Talk calmly and assertively to help ground the person. Identify triggers and, if possible, remove these.

Inappropriate intervention

- ▶ Scream at the person to tell them to calm down. Threaten the person by telling them if they do not stop yelling, you will lock their door.

A person is indecently exposing themselves

Appropriate intervention

- ▶ Gently guide the person to a private space, and provide their clothes. If necessary, assist with dressing.

Inappropriate intervention

- ▶ Yell at the person in public, demanding they redress. Force the person to redress.

A person absconds (leaves without warning)

Appropriate intervention

- ▶ Ensure the person is monitored at all times.

Inappropriate intervention

- ▶ Lock the person in their room or lock the front door, without a restrictive practice.

Example

Recognise the difference between appropriate and inappropriate interventions

Ricky supports people in an aged care facility. He has been briefed about each person's individualised care plan, and behaviour support plan. He has also received training which provided information about restrictive practice and PART-training (Predict, Assess, and Respond to behaviours of concern). He is aware of organisational policies and procedures relating to behaviour management.

Ricky is having a particularly stressful day. Two people he supports have forms of dementia and appear very agitated. They are presenting with very unpredictable behaviours, which are out of character for both of them. Susanne, who is usually very quiet, is yelling loudly. Yael has left the building without warning for the second time today. One of the support workers has brought her back each time, but Ricky is worried he will not notice she has left.

Ricky thinks about locking the main door so that Yael can't leave. But he remembers that this is constraint, and against the organisation's policies and procedures which include a provision for people to be able to leave the building by entering the correct PIN number. He arranges for a support worker to monitor Yael and watch she doesn't leave the building without being escorted. He keeps an eye on Susanne, and tries to identify the triggers causing the change in her behaviour.



Communication

Effective communication with other workers and the individual you support, involves listening carefully and attending 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.

Teaching and learning strategies

Teaching and learning strategies apply when a person's potentially dangerous behaviour is thought to stem from frustration, dissatisfaction or distress about an aspect of daily life. These strategies, outlined below, help a person manage their own behaviour or avoid the behaviour of concern.

Lifestyle enhancement

Life enhancement could include enabling a person to take up a new activity, go out visiting, shop independently.

Teaching relaxation

Relaxation can be taught individually or in groups. Guided meditation is good for beginners and, if done regularly, stress-related dangerous behaviour may be reduced in frequency and intensity.

Teaching functional communication

Functional means that the communication (speech, expression) actually achieves the desired result. For example, teaching a person to approach a worker with a request, rather than repeatedly calling it out.

Skills development

Skills development may be useful in reducing potentially dangerous behaviour. For example, if a person's frustration at not being able to do something is a trigger, the person may be able to develop the missing skills and the trigger may disappear.

Increasing engagement

Boredom or depression may lead to loss of engagement in activities, and may also become a trigger for potentially dangerous behaviour.

On-the-spot strategies

Most of the previous strategies involve prior decisions about the individual response plan. However, on-the-spot strategies are often a component of many of the previous strategies, and may be used with discretion in other situations. Below is an explanation of on-the-spot strategies that are often used.

Stress management

Stress management is necessary if a person's behaviour is associated with stress or anxiety. Stress can be caused by many different factors, including environmental factors, social factors, or physical and/or emotional pain.

Stress management techniques and strategies should be developed in conjunction with the individual, to meet their needs. Support a person to monitor their stress by helping them identify triggers or indications of stress, and implementing stress management strategies before the event escalates.

Some stress management strategies are described below.

Stress management strategies include:

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

Engagement in meaningful activities

If a person feels genuinely interested in their daily living activities, they are more motivated to engage with them. What is meaningful to one person is not necessarily meaningful to another. The activities a person engages with should be suitable, person-centred and strengths-based. Activities that are too difficult or not realistic may cause stress.

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



Support relationships

Relationships may be with children, significant others, parents, siblings, friends, support workers or other people who use the service.

Positive relationships are crucial to a person's wellbeing. Negative relationships can often be a source of stress and conflict, which can impact people's behaviour.

Relationship issues may relate to communication difficulties, misunderstandings or differences in needs. If you observe that a person's behaviour of concern is triggered by certain relationship interactions, communication issues could be addressed.

Below are some ways support relationships.

Separation

- ▶ When Carl's behaviour becomes more and more aggressive, the first step is to separate other people from the situation. The second step is to get authorisation to give Carl medication. The third step is to get authorisation to give Carl a second dose of PRN medication if his behaviour continues to escalate. The fourth step is to call the emergency services if Carl's behaviour still persists.

Tag teaming

- ▶ If Margaret's behaviour becomes escalated, she fixates on one support worker and asks repeated questions. Support workers take turns calmly and persistently responding to Margaret's questions.

Calm, clear communication

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

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

Exercise

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

Making contracts

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

Carry out interventions in line with organisational policies and procedures

It is important that when you carry out an intervention it is in line with organisational policies and procedures. Organisational policies and procedures are intended to ensure a safe workplace. By practicing within policies and procedures, you are conducting your work legally and ethically.

Listed below are the markers and indicators that can be measured on a regular basis.

Markers

Markers such as the following can be observed, counted, described and recorded on a daily basis:

- ▶ Intensity of the behaviour
- ▶ Frequency
- ▶ Duration
- ▶ Impact on others
- ▶ Whether triggers are still functioning as they were at the beginning of the strategy

Indicators

Some indicators that the risk of harm is not reducing may include:

- ▶ the same or a more severe form of the targeted behaviour is occurring
- ▶ more frequent displays of the behaviour
- ▶ other people are being impacted by the behaviour
- ▶ new behaviours appearing instead of, or in addition to, the targeted behaviour.

Manage risks

Once the risk has been identified, assessed and measured, it will need to be managed.

Use the hierarchy of risk management to manage the risk. The steps are:

- ▶ elimination
- ▶ substitution
- ▶ engineering
- ▶ administration
- ▶ personal protective equipment.

You should always take care to involve the client in making the decision about the best strategy for reducing or minimising risks. Risk reduction is ultimately dependent on the people's participation and cooperation. People you provide support to will not participate in risk reduction activities if they feel that you are telling them what they must do, if they don't understand why the activities are necessary and if they don't understand how to reduce risks. Clear communication can help most people feel actively involved in the risk reduction process.



Safety strategies

The first step is to assess risks and identify the likelihood of the risk occurring. The next step is to implement safety strategies. Safety strategies need to ensure the safety of the person at risk, the support workers and other people in the organisation.

3F Consult with supervisor to monitor strategies, identify and report changes in person's needs and behaviours, and follow referral procedures

Once a person's individual response plan has been put into place, it is important to keep observing and reporting changes so that the plan remains up to date. It is also important to observe and monitor the frequency of behaviours, as this helps you identify patterns, and the effectiveness of intervention strategies. Use a positive approach to monitor the effectiveness of strategies, in order to minimise the risk of harm.



Intervention strategies are developed in coordination with other professionals, such as psychologists, behavioural coordinators and medical professionals. If an intervention strategy requires adjustment, you should consult with the relevant professional. Talk to your supervisor about organising a referral if necessary.

Monitor strategies to determine effectiveness

Monitoring the strategy to determine effectiveness means checking whether a person's behaviour changes in accordance with the plan. Ideally, the strategy will be effective and the person will adapt to their new situation in a positive way when the strategies are introduced. Support workers should be alert to new emotional and verbal responses to the strategy.

Be aware that a person may not respond positively or adaptively to a strategy that has been put into place. If the response is negative, the strategy should be reviewed. The reasons for monitoring a person's response are explained below.

Why monitor?

The support worker, either individually or as part of a team, monitors the strategy to determine if:

- ▶ a person is developing and maintaining positive and adaptive responses to the strategy
- ▶ the risk of harm to the person or others is reduced or eliminated
- ▶ a person's dignity is preserved and self-esteem is improved.



Topic 4

In this topic you will learn how to:

4A Comply with the organisation's requirements for reporting and maintaining documentation

Complete documentation

Accurate and up-to-date record keeping underpins quality service provision for meeting individual needs. Actions should be documented in order to increase accountability and duty of care. Documentation also records and communicates an individual's progress, and any issues that may affect their ability to achieve optimal health. There are organisational and sometimes legal requirements about who completes documentation, when it must be completed and how and where it is stored.

Your workplace will have systems for managing information. Support workers need to comply with legislative requirements, policy requirements and organisational protocols regarding how documentation and reports are completed, maintained and stored.

Meet record-keeping requirements

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

Meet timing requirements

The nature of a report or document, along with the expectations of the organisation, determines the time lines and protocols for their completion. Reports such as funding submissions or statistical reports for the government have externally set time frames. Internal documentation is dictated by urgency, organisational policy and the end use of the information.

Your organisation will have standard operating procedures for completing personal documents on intake, when developing care plans, when providing care, when consulting with others, and when reporting incidents and accidents.

Maintain confidentiality

Often case notes and incident reports include interactions that involve events with other people. The confidentiality of people you support and others must be maintained when recording in another person's file or records.

Record details accurately

Spelling is another critical aspect of recording information. Spelling a person's name incorrectly may have a number of unintended consequences. Their data may be confused with another person's data, leading to serious privacy breaches, confusion or duplication of records. Incorrect spelling of medical terms can cause confusion; for example, the treatments for and effects of hyperthyroidism and hypothyroidism are quite different.

Read information back to the individual and/or their advocate to confirm its accuracy. While this may take extra time, clarifying information helps prevent mistakes that may take considerable time and effort to rectify.

Use forms and control changes

Use the appropriate form or report template, as this helps other workers to readily identify the required information. Make sure you have completed all sections, the entries make sense, and all writing is legible and comprehensible.

Completed documents generally must not be changed. Errors or alterations should be identified in an additional note or new record, clearly explaining the reason for the change. Do not use correcting fluid to change a written note or record. Computer-based records may not allow changes to saved information.

Authorise records and obtain authorisation

Records should be signed and dated by the person completing them. Computer-based records may require a login to access records that identify the author. For reports, show drafts to another authorised person for feedback; some organisations have a requirement that any outgoing reports are signed off by a manager.