



CHCCCS044

**Follow established
person-centred
behaviour supports**

**LEARNER
GUIDE**



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This Learner Guide

CHCCCS044 - Follow established person-centred behaviour supports (Release 1)

This unit describes the performance outcomes, skills and knowledge required to implement behaviour support strategies outlined in an individualised behaviour support plan for a person receiving care or support.

This unit applies to workers in varied care and support services contexts. Work performed requires some discretion and judgement and may be carried out under regular direct or indirect supervision.

The skills in this unit must be applied in accordance with Commonwealth and State/Territory legislation, Australian standards and industry codes of practice.

No occupational licensing, certification or specific legislative requirements apply to this unit at the time of publication.

A complete copy of the above unit of competency can be downloaded from the TGA website:

<https://training.gov.au/Training/Details/CHCCCS044>

About This Unit of Study Introduction

As a worker, a trainee, or a future worker, you want to enjoy your work and become known as a valuable team member. This unit of competency will help you acquire the knowledge and skills to work effectively as an individual and in groups. It will give you the basis to contribute to the goals of the organisation which employs you.

It is essential that you begin your training by becoming familiar with the industry standards to which organisations must conform.

This Learner Guide Covers

Follow established person-centred behaviour supports

- I. Apply a person-centred approach to providing behaviour support
- II. Review context of behaviours of concern
- III. Provide positive behaviour support according to individualised behaviour support plan
- IV. Complete documentation

Learning Program

As you progress through this unit of study, you will develop skills in locating and understanding an organisation's policies and procedures. You will build up a sound knowledge of the industry standards within which organisations must operate. You will become more aware of the effect that your own skills in dealing with people have on your success or otherwise in the workplace. Knowledge of your skills and capabilities will help you make informed choices about your further study and career options.

Additional Learning Support

To obtain additional support you may:

- Search for other resources. You may find books, journals, videos and other materials which provide additional information about topics in this unit.
- Search for other resources in your local library. Most libraries keep information about government departments and other organisations, services and programs. The librarian should be able to help you locate such resources.
- Contact information services such as Infolink, Equal Opportunity Commission, Commissioner of Workplace Agreements, Union organisations, and public relations and information services provided by various government departments. Many of these services are listed in the telephone directory.
- Contact your facilitator.

Facilitation

Your training organisation will provide you with a facilitator. Your facilitator will play an active role in supporting your learning. Your facilitator will help you at any time during working hours to assist with:

- How and when to make contact
- What you need to do to complete this unit of study
- What support will be provided.

Here are some of the things your facilitator may do to make your study easier:

- Give you a clear visual timetable of events for the semester or term in which you are enrolled, including any deadlines for assessments
- Provide you with online webinar times and availability
- Use ‘action sheets’ to remind you about tasks you need to complete, and updates on websites
- Make themselves available by telephone for support discussion and provide you with industry updates by email where applicable
- Keep in touch with you during your studies

Flexible Learning

Studying to become a competent worker is an interesting and exciting thing to do. You will learn about current issues in this area. You will establish relationships with other students, fellow workers, and clients. You will learn about your own ideas, attitudes, and values. You will also have fun. (Most of the time!)

At other times, studying can seem overwhelming and impossibly demanding, particularly when you have an assignment to do and you aren't sure how to tackle it, your family and friends want you to spend time with them, or a movie you want to see is on television.

Sometimes being a student can be hard.

Here are some ideas to help you through the hard times. To study effectively, you need space, resources, and time.

Space

Try to set up a place at home or at work where you can:

- Keep your study materials
- Be reasonably quiet and free from interruptions
- Be reasonably comfortable, with good lighting, seating, and a flat surface for writing.

If it is impossible for you to set up a study space, perhaps you could use your local library. You will not be able to store your study materials there, but you will have a quiet place, a desk and chair, and easy access to the other facilities.

Study Resources

The most basic resources you will need are:

- A chair
- A desk or table
- A computer with internet access
- A reading lamp or good light
- A folder or file to keep your notes and study materials together
- Materials to record information (pen and paper or notebooks, or a computer and printer)
- Reference materials, including a dictionary

Do not forget that other people can be valuable study resources. Your fellow workers, work supervisor, other students, your facilitator, your local librarian, and workers in this area can also help you.

Time

It is important to plan your study time. Work out a time that suits you and plan around it. Most people find that studying, in short, concentrated blocks of time (an hour or two) at regular intervals (daily, every second day, once a week) is more effective than trying to cram a lot of learning into a whole day. You need time to ‘digest’ the information in one section before you move on to the next, and everyone needs regular breaks from study to avoid overload. Be realistic in allocating time for study. Look at what is required for the unit and look at your other commitments.

Make up a study timetable and stick to it. Build in ‘deadlines’ and set yourself goals for completing study tasks. Allow time for reading and completing activities. Remember that it is the quality of the time you spend studying rather than the quantity that is important.

Study Strategies

Different people have different learning ‘styles’. Some people learn best by listening or repeating things out loud. Some learn best by ‘doing’, some by reading and making notes. Assess your own learning style and try to identify any barriers to learning which might affect you. Are you easily distracted? Are you afraid you will fail? Are you taking study too seriously? Not seriously enough? Do you have supportive friends and family? Here are some ideas for effective study strategies:

1. **Make notes.** This often helps you to remember new or unfamiliar information. Do not worry about spelling or neatness, as long as you can read your own notes. Keep your notes with the rest of your study materials and add to them as you go. Use pictures and diagrams if this helps.
2. **Underline keywords** when you are reading the materials in this Learner Guide. (Do not underline things in other people’s books.) This also helps you to remember important points.
3. **Talk to other people** (fellow workers, fellow students, friends, family, or your facilitator) about what you are learning. As well as help you to clarify and understand new ideas, talking also gives you a chance to find out extra information and to get fresh ideas and different points of view.



Using This Learner Guide

A Learner Guide is just that, a guide to help you learn. A Learner Guide is not a textbook. Your Learner Guide will:

1. Describe the skills you need to demonstrate to achieve competency for this unit.
2. Provide information and knowledge to help you develop your skills.
3. Provide you with structured learning activities to help you absorb knowledge and information and practice your skills.
4. Direct you to other sources of additional knowledge and information about topics for this unit.

How to Get the Most Out of Your Learner Guide

Some sections are quite long and cover complex ideas and information. If you come across anything you do not understand:

1. Talk to your facilitator.
2. Research the area using the books and materials listed under Resources.
3. Discuss the issue with other people (your workplace supervisor, fellow workers, fellow students).
4. Try to relate the information presented in this Learner Guide to your own experience and to what you already know.
5. Ask yourself questions as you go. For example, ‘Have I seen this happening anywhere?’ ‘Could this apply to me?’ ‘What if...’ This will help you to ‘make sense’ of new material, and to build on your existing knowledge.
6. Talk to people about your study. Talking is a great way to reinforce what you are learning.
7. Make notes.
8. Work through the activities. Even if you are tempted to skip some activities, do them anyway. They are there for a reason, and even if you already have the knowledge or skills relating to a particular activity, doing them will help to reinforce what you already know. If you do not understand an activity, think carefully about the way the questions or instructions are phrased. Read the section again to see if you can make sense of it. If you are still confused, contact your facilitator or discuss the activity with other students, fellow workers or with your workplace supervisor.

Additional Research, Reading, and Note-Taking

If you are using the additional references and resources suggested in the Learner Guide to take your knowledge a step further, there are a few simple things to keep in mind to make this kind of research easier.

Always make a note of the author's name, the title of the book or article, the edition, when it was published, where it was published, and the name of the publisher. This includes online articles. If you are taking notes about specific ideas or information, you will need to put the page number as well. This is called the reference information. You will need this for some assessment tasks, and it will help you to find the book again if you need to.

Keep your notes short and to the point. Relate your notes to the material in your Learner Guide. Put things into your own words. This will give you a better understanding of the material.

Start off with a question you want answered when you are exploring additional resource materials. This will structure your reading and save you time.

Introduction



Client care and support services cater to a wide range of people who need support or assistance in daily activities. As a support worker, you will be providing person-centred support to people who may require it due to ageing, disability, or some other reason that limits their ability to do tasks independently or in a safe and healthy manner.

Due to the limitations and difficulties brought about by their situations, the people needing support might display behaviours of concern.

Behaviours of concern are the actions of the people that endanger their safety or the others around them. When these actions occur, proper support must immediately be provided. Below are some examples of behaviours of concern:

- Getting mad at other people
- Throwing things around
- Doing the same thing again and again
- Hurting others (e.g. pinching, biting)
- Breaking things
- Hiding from people

Oftentimes, these behaviours, also known as challenging behaviour, are not intended by the person. It can be caused by stress, fear, anxiety and frustration due to the limitations or effects of their situations. Understanding where they are coming from, what they are experiencing and what kind of help each need are part of a person-centred approach to helping them.



A *disability* is a condition that limits a person's capabilities. It comes in many forms and can encompass various aspects of life.

Under the *Disability Discrimination Act 1992*, disabilities include the following:

- The total or partial loss of the person's bodily or mental functions
- The total or partial loss of a part of the body
- The presence in the body of organisms causing disease or illness
- The presence in the body of organisms capable of causing disease or illness
- The malfunction, malformation or disfigurement of a part of the person's body
- A disorder or malfunction that results in the person learning differently from a person without the disorder or malfunction
- A disorder, illness or disease that affects a person's thought processes, perception of reality, emotions or judgment or that results in disturbed behaviour

The following are also included:

- A disability that presently exists
- A disability that previously existed but no longer existed
- A disability that may exist in the future (including because of a genetic predisposition to that disability)
- A disability that is attributed to a person

Based on content from the Federal Register of Legislation at 21 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Disability Discrimination Act 1992, used under CC BY 4.0.

A person with disability may experience difficulties related to the following:

Physical factors

Emotional factors

Environmental factors

Medications

Structural factors

Systemic factors

Relational factors

A history of difficulties related to the above factors often contributes to the occurrence of behaviours of concern.

Behaviour support refers to creating individualised strategies responsive to the person's needs with disabilities. These strategies must be evidence-based and person-centred, such that they:

- Decrease and eliminate the use of regulated restrictive practices
- Respond to the needs of the person with disability
- Address the root causes of the person with disability's behaviours of concern
- Uphold the dignity and quality of life of Persons with disability who need specialist behaviour support

*Based on [The Positive Behaviour Support Capability Framework](#), used under CC BY 3.0 AU.
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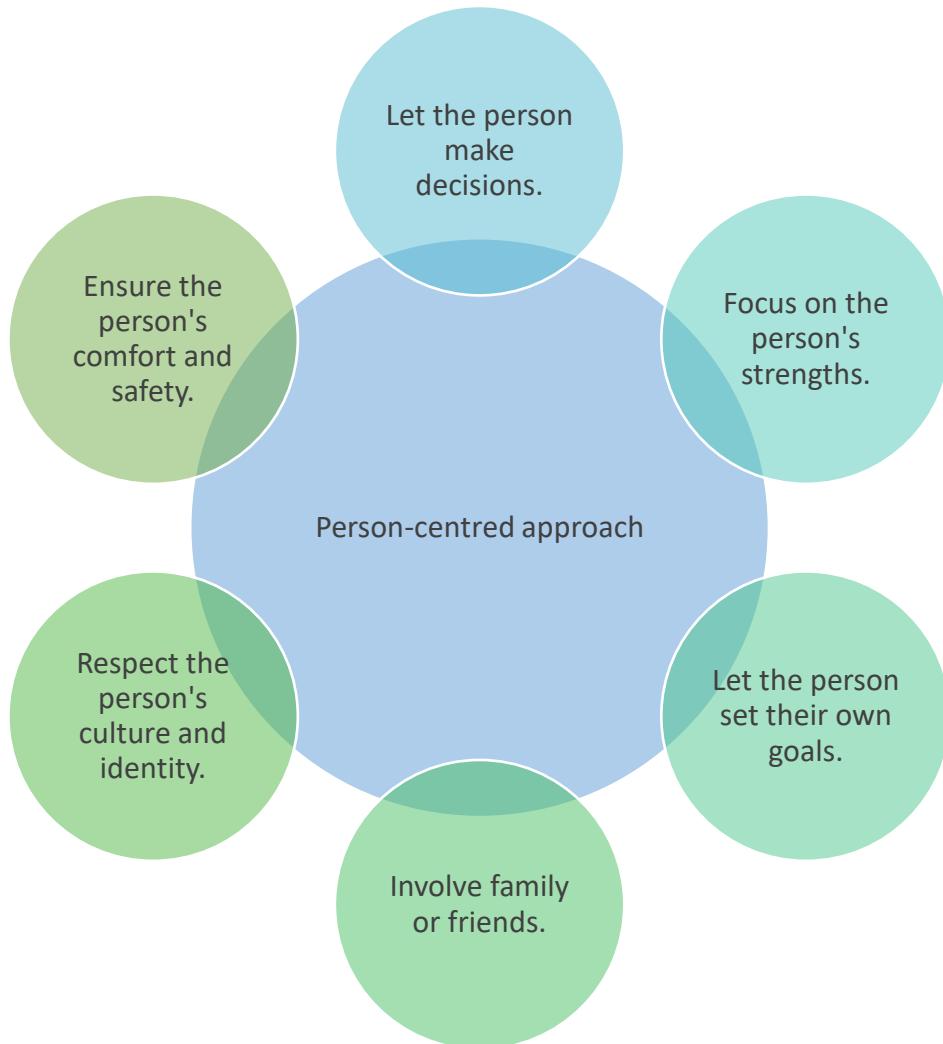
In this Learner Guide, you will learn how to:

- Apply a person-centred approach to providing behaviour support
- Review the context of behaviours of concern
- Provide positive behaviour support according to an individualised behaviour support plan
- Complete documentation

I. Apply a Person-Centred Approach to Providing Behaviour Support

Person-centred approaches focus on the needs and strengths of a person receiving care. A person-centred approach aims to support a person instead of ‘fixing’ them. The person-centred concept aims to protect a person’s rights and dignity. It means providing care designed specifically to meet their wants and needs. This approach sees people as individuals with different needs, not problems with a set solution.

In providing person-centred care to older people and persons with disability, you should consider the following principles:



Based on [What is a person-led approach?](#), used under CC BY 4.0. © State of New South Wales NSW Ministry of Health 2023. For current information go to www.health.nsw.gov.au.

A person-centred approach is also known as person-centred practice. This puts the person at the centre of care delivery. In the context of behaviour support, care decisions and support strategies must be based on the person's needs, strengths, capabilities and preferences. This ensures that care remains responsive to the person's needs regarding their situation.

The following table shows how a person-centred practice differs from traditional services:

Traditional	Person-Centred Practice
The service is solely based on clinical or medical advice.	The service takes into consideration the person's goals and wants.
Older people and persons with disability are required to comply with the support staff's instructions.	Older people and persons with disability are encouraged to make their own choices and decisions.
Care strategies prioritise the management of illness and medical condition of the person.	Care strategies focus on improving the overall quality of the person's life.



Further Reading

Person-centred practice can follow different principles, depending on the nature of your work. For more information, you can access the link below:

[Person centred practice](#)

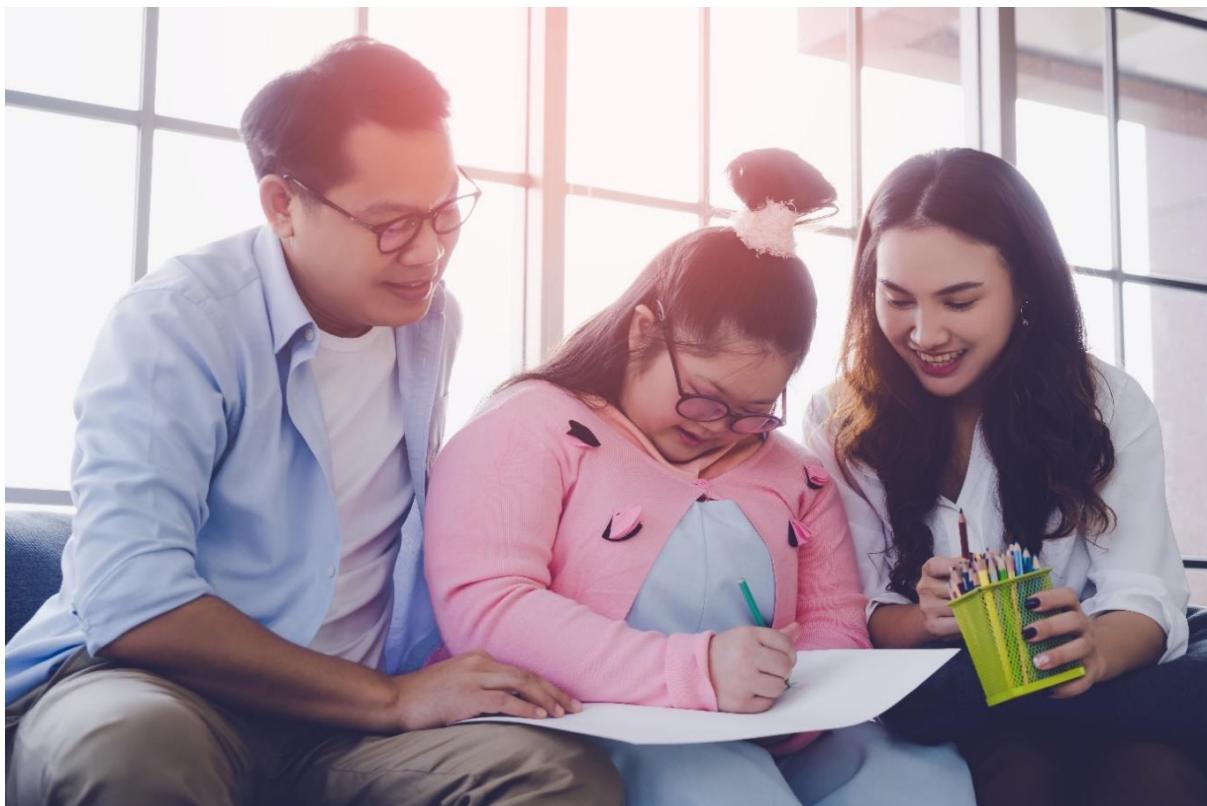
You must use a person-centred approach to provide behaviour support as a support worker. This ensures that the person's opinions are heard, and they will be happier with your service. Also, a person-centred approach has the following benefits:

- Older people and persons with disability will generally have an easier time trusting you.
- Older people and persons with disability will be more engaged in participating in routines, activities and programs designed based on their needs and wants.
- You will have an easier time coming up with behavioural support strategies.
- Older people and persons with disability will require less encouragement from others to participate in certain activities as they are motivated to participate in these activities on their own.

The following subchapters will discuss how the person-centred approach is applied in different aspects of behaviour support provision.

In this chapter, you will learn how to:

- Support the person with disability to maintain their activities of daily living
- Consider individual factors when engaging in activities of daily living
- Identify challenges on engagement and motivation and seek assistance
- Provide a safe environment for the person



1.1 Support the Person with Disability to Maintain Their Activities of Daily Living



A *behaviour support plan* (BSP) aims to address the person's needs with complex behaviours of concern. This is an individualised document, so all strategies outlined are specific to the person. An individualised BSP is also comprehensive. It contains crucial information about the person to aid support provision. A behaviour support practitioner typically develops a BSP. This document is developed in consultation with the person, family members and other relevant people (e.g. carer, guardian). Service providers are also included in the planning process. For NDIS providers, the behaviour support practitioner will upload the BSP to the NDIS Commission Portal. The implementing service provider will then review and accept the plan, for non-NDIS providers will typically have their own portal where the BSP can be accessed.

Support workers and other service providers (e.g. school or day programs, care centres) should be provided with a copy of the BSP. In addition, support workers should be provided with additional training by the BSP consultant.

The information in the BSP usually includes the following:

- The person's personal details (e.g. birthdate, address, key contacts)
- The person's relevant history (e.g. developmental history, previous interventions, adverse life events)
- The person's individual needs, strengths, capabilities and preferences
- The person's activities of daily living (ADL) and other routines (e.g. participation in community activities)
- The information about the person's disability/ needs
- The person's behaviours of concern (e.g. type, frequency, details)
- The behavioural support strategies and behavioural interventions (e.g. restrictive practices schedule)
- The strategies to keep the support worker and others in their environment safe
- The services that will be provided to address the identified needs and who will provide the services mentioned

Remember that one of the goals of person-centred behaviour support is to improve a person's quality of life (QoL). *Quality of life* refers to how a person remains healthy, comfortable, and able to enjoy life. Quality of life is often linked with a person's ability to perform daily living activities (ADLs). *Activities of daily living* (ADLs) are basic tasks wherein one independently cares for oneself. ADLs may include the following:

Self-feeding

Bathing

Going to the
toilet

Dressing up

Being active

A person who can perform ADLs is more likely to have a better quality of life. For example, a person without mobility problems is more able to go out or attend to their needs. On the other hand, impaired mobility may increase the risk of falls. Injuries and other limitations will negatively affect QoL.

Disability and old age often limit a person's ability to perform ADLs, which may harm their QoL. Thus, they must be given the necessary support. The BSP outlines which ADLs the person receiving care and support can perform adequately and which ones need support. In this context, providing support can mean:

- Maintaining the ADLs that the person can perform adequately
- Giving opportunities to improve the person's ability to perform ADLs that they need help in

ADLs are an essential part of a person's BSP. Thus, ensure that when providing support in maintaining a person's ADLs, you are following their individualised BSP.

To provide support to maintain a person's ADLs, do the following:

- Allow the person to perform the ADLs that they can do independently.
- Make adjustments that will allow the person to perform the ADLs continuously (for example, if spillage often happens during meals due to fine motor issues, replace the utensils with those that are easier to grasp). Do this if possible and with permission.
- Let the person know that you can assist them with any tasks, even those they can perform independently.
- Encourage the person to make positive choices in their ADLs by:
 - Talking about the possible risks associated with their choices
 - Reducing the risks that can come from their choices, whenever applicable

To provide support to improve the person's ability to perform ADLs, do the following:

- Encourage them to express which tasks they need help with if the person can communicate.
- Give opportunities for the person to improve ADLs and become independent. You can model the steps needed (e.g. putting hands through shirt holes).
- Encourage the person to participate in activities that can further improve their performance of ADLs. Community activities are great avenues for this endeavour.

Aside from BSPs, you must also understand your organisational policies and procedures when providing support. *Organisational policies* are rules or guidelines that an organisation follows. Policies are often based on legislation, such as Commonwealth or state privacy legislation. *Procedures* are instructions on how employees will meet policies. They are the daily operations, plans, and strategies of an organisation.



Remember: always refer to your organisation's policies and procedures when supporting a person with disability and an older person.

1.1.1 Legal and Ethical Considerations for Working With the Person Receiving Care or Support



Your approach must adhere to various legal and ethical considerations as a care worker. These considerations will allow you to provide high-quality service. This is the kind of service that addresses the needs of the person, be it a person with disability, a person with an injury, or an older person. In addressing these needs, adhering to legal and ethical considerations ensures that you also empower the person receiving care and support because you perform your duties in a manner that respects their abilities and preferences. Following these considerations also help guarantee the safety of the people under your care. The considerations will help you professionally perform your duties.

The following are the legal and ethical considerations to keep in mind when working with persons receiving care or support:

Codes of conduct

Duty of care

Dignity of risk

Human rights

Abuse, neglect and exploitation

Practice standards

Work health and safety

Codes of Conduct

A *code of conduct* is an organisational policy that lays out the organisation's principles and standards. It also outlines various expectations that all support workers must adhere to. Codes of conduct for support workers and professionals typically include the following:

Obligations as a support worker

Minimum standards for appropriate behaviour

Example scenarios and situations that require workers to evaluate their actions

Policies expressing zero tolerance of abuse and neglect

Codes of conduct may vary depending on the person receiving care or support. The following are examples of specific codes of conduct relevant to some of the conditions the person receiving support or care may be dealing with:

- **Code of conduct for support workers working with persons with disability**

The National Disability Insurance Scheme (NDIS) Code of Conduct is one of many codes that support workers can use. This code sets out expectations for safe and ethical service and support. The code requires workers and providers delivering support to:

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with relevant laws and conventions
- Respect the privacy of persons with disability
- Provide support and services in a safe and competent manner with care and skill
- Act with integrity, honesty and transparency
- Promptly take steps to raise and act on concerns about matters that might have an impact on the quality and safety of support provided to persons with disability
- Take all reasonable steps to prevent and respond to all forms of violence, exploitation, neglect and abuse
- Take all reasonable steps to prevent sexual misconduct

Sourced from [NDIS Code of Conduct](#), used under CC BY 3.0 AU. © Commonwealth of Australia

Below are examples of how a support worker can apply some of the ethical considerations above:

Ethical Consideration	How the Support Worker Can Apply the Consideration
Support workers must respect the privacy of the person under their care.	A support worker uses the person's health information only for intervention purposes and not for unrelated purposes such as direct marketing.
Support workers must act with transparency.	A support worker provides the person with complete information on the interventions they want to suggest to the person.

Victoria also has the Disability Service Safeguards Code of Conduct. This code of conduct aims to complement the NDIS Quality and Safeguarding Framework. It also adopts the same requirements as the NDIS Code of Conduct. The Victorian code of conduct applies to all disability support workers, regardless of the source of funding of the service providers.

The code requires that support workers must always do the following:

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
- Respect the privacy of people with disability.
- Provide support and services in a safe and competent manner, with care and skill.
- Act with integrity, honesty and transparency.
- 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.
- Take all reasonable steps to prevent and respond to all forms of violence against and exploitation, neglect and abuse of people with disability.
- Take all reasonable steps to prevent and respond to sexual misconduct.

Sourced from [Disability Service Safeguards - Code of Conduct](#), used under CC BY 4.0.

© State of Victoria (Victorian Disability Worker Commission)



Further Reading

Learn more about the Disability Service Safeguards - Code of Conduct through the link below:

[Disability Service Safeguards - Code of Conduct](#)

▪ Codes of Conduct for Older Person's Support Workers

The Australian Government also ensures the safety and well-being of the older people receiving care and support. The Commonwealth Department of Health and Aged Care developed the Code of Conduct for Aged Care that is modelled on the NDIS Code of Conduct. You might see similar discussions from previous pages.

The code requires support workers always to do the following:

- Treat all people with dignity and respect.
- Value the privacy of the individual.
- Act in the best interests and care of the individual.
- Provide care and support free from discrimination, exploitation, neglect and abuse.

Based on content from the Federal Register of Legislation at 21 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Aged Care Quality and Safety Commission Amendment (Code of Conduct and Banning Orders) Rules 2022), used under CC BY 4.0.

Below are examples of how a support worker can apply two ethical considerations:

Ethical Consideration	How the Support Worker Can Apply the Consideration
Support workers must treat people with dignity and respect.	<p>A support worker listens to the older person's opinion and requests regarding how to provide care and support. While doing this, ensure that the requests will not cause any harm to the person.</p> <p>A support worker allows the older person to do things that they want to do independently.</p>
Act in the best interests and care of the individual.	<p>A support worker discusses the support strategies with the older person and asks them if they want to add or change something which they think can help them more.</p> <p>A support worker prevents or removes situations and things that might put the older person in danger or harm.</p>

Further Reading



Learn more about the Code of Conduct for support workers providing care and support to older people through the link provided below:

[Code of Conduct for Aged Care - information for Workers](#)

Refer to your organisation's policy and handbook for the specific steps in adhering to the Code of Conduct while providing support to the people under your care.



Duty of Care

A *duty of care* is a legal obligation that requires support workers to always act in their client's best interests.

A care worker with a duty of care to a person receiving support must always act to prevent the person from suffering. This means you must ensure that the person does not receive any form of harm, including but not limited to the following:

Physical

Emotional

Mental

Not acting to protect a person from harm constitutes a breach of duty of care. This is especially important as you are entrusted to help them maintain their activities of daily living. Some ADLs may require you and the person to take risks. It is up to you to make sure that these are manageable.

A breach of duty of care can have consequences depending on your organisation's policies and procedures.

A duty of care outlines standards of reasonable and appropriate care. It also provides a legal basis for determining how to make the best decisions regarding caring for older people and persons with disability. These standards can vary depending on your organisation's role in providing support. For example, a support worker in a hospital may need to make decisions based on standards that consider the following:

- The health risks to other patients
- The overall aim of improving the person's health
- The rights of the person, including their right to refuse service
- The limits and restrictions related to the facilities of the hospital

Another way that a support worker can work legally to show a duty of care is by conducting a risk assessment for activities to minimise risk. Regularly monitoring the person's condition to immediately recognise if there are changes or if they need additional support is another way of ensuring the practice of duty of care.

To work ethically, they can attend training sessions to deliver behaviour support in the best possible way. There will be different ways of providing behaviour support to the people under your care. It will depend on many factors, which include the following:

- Their condition
- Their environment
- Their specific needs
- Their response
- The support from family and friends

Despite the variation, behaviour support should promote the person's safety and well-being while keeping them away from harm.



Further Reading

The legislation and code of conduct below are examples of legal and ethical considerations relevant to duty of care:

[Work Health and Safety Act 2011 No 10](#)

[Disability Service Safeguards - Code of Conduct](#)

[Aged Care Quality Standards](#)

Dignity of Risk

The *dignity of risk* refers to a client's right to participate in activities that may come with risks. It is a big part of providing person-centred care and support. Through this, it gives the person the freedom to do the activities they wish to participate in, even if it involves some risks.

One of the rights of persons with disability indicated in Schedule 5 of the Australian Human Rights Commission Act 1986 is the right to enjoy a full, normal, decent life. Older persons have the same right. One of the rights of older persons stated in the Charter of Aged Care Rights Australia is the right to control and make choices about their care and personal and social life, including where the choices involve a personal risk. These rights are the basis for the concept of dignity of risk.



The following are example scenarios incorporating the dignity of risk and how you can provide support:

Scenario	How You Can Provide Support
A person with disability wants to play wheelchair rugby.	<p>Clear the space of things that might affect the movement of the wheelchair.</p> <p>Put a strap on the person to ensure they would not fall from the wheelchair.</p>
An older person with poor vision wants to walk to the bakery every day.	<p>Give the person a cane that can assist them while walking.</p> <p>Accompany the person during their walk.</p>

In the given examples, the person with disability and the older person faces serious risks. However, part of acknowledging the dignity of risks and providing person-centred support, you have to allow them to make their own choices but ensure that you have exerted all the efforts to ensure their safety as they engage in the activities.

The dignity of risk and duty of care goes together. A support worker is liable for any harm that befalls the person under their care because of their duty of care. Thus, they must always look out for the person's best interests while protecting their safety and wellbeing.

Given that a person who is allowed to engage in risky behaviour is exposed to harm, it is understandable to hesitate to give the person the freedom to do as they please.

As a support worker, you can address this issue by doing the following:

- **Explain the risks associated with the activities in which the person wants to participate.**

Help the person make an informed decision. Ensuring that the person knows the risks because of their choice frees you from being charged with negligence.

- **Do your part in mitigating the risks that the person is exposed to.**

Create strategies or procure materials that will keep the person safe from harm. If needed, perform due diligence and contact the person's doctor or therapist to identify what you need to do to keep them safe.

- **Listen to the person.**

The person may want to participate in an activity based on a misunderstanding or misconception. Let them discuss how they understand the activity and why they want to participate in it. Listening lets you fully ensure that the person knows what they will be doing.

- **Plan how you will document the person's participation in the activity.**

Documentary evidence will be crucial in proving that any harm that befalls the person results from their own informed choice.

Complete a risk assessment for each activity to safeguard the person's safety. The assessment outcomes and strategies to minimise the identified risks are discussed with the person. Afterwards, this document is signed by the appropriate person. A copy of the document is then kept for recordkeeping purposes.



With experience, you will learn to balance your obligations under the dignity of risk and duty of care. Remember that the person's happiness is just as important as their safety.

Another example of how a support worker can work legally is to acknowledge the person's dignity of risk by assisting them to gain access to a recreational facility where they can try sports, even if physical activities are slightly risky.

To work ethically, they can give the person multiple options for behaviour interventions. They must not limit the person's choices if some options have a higher risk than others.



Further Reading

The legislation and code of conduct below are examples of legal and ethical considerations relevant to the dignity of risk:

[Work Health and Safety Act 2011 No 10](#)

[Disability Service Safeguards Code of Conduct](#)

Multimedia



The video below discusses the application of the dignity of risk for older people. It also explains how the dignity of risk is a big part of providing person-centred support.

[What is dignity of risk?](#)

Human Rights

Human rights are inalienable and fundamental rights that every person is entitled to by virtue of being a human being. These are standards used to recognise and safeguard the dignity of all humans. These rights are part of the larger basis of laws and acts governing people and communities.

According to the Australian Human Rights Commission (2019), human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe. They are based on principles of dignity, equality and mutual respect, which are shared across cultures, religions and philosophies. They are about being treated fairly, treating others fairly and having the ability to make genuine choices in our daily lives.

On the other hand, the human rights framework describes all the legal and other human rights commitments made by governments. These commitments include treaties, declarations, conventions and principles, among others. The human rights framework applies in many contexts, especially where there is interaction or transaction between people. An example of this context is service delivery.



The Australian Government respects and upholds many human rights treaties, including the following:

- United Nations' Universal Declaration of Human Rights
- International Covenant on Civil and Political Rights
- International Covenant on Economic, Social and Cultural Rights
- Convention on the Elimination of All Forms of Racial Discrimination
- Convention on the Elimination of All Forms of Discrimination against Women
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment
- Convention on the Rights of the Child
- Convention on the Rights of Persons with disability

Sourced from [What are human rights?](#), used under CC BY 4.0. © Australian Human Rights Commission 2019.

As a support worker, you must note that these treaties supplement fundamental human rights. The existence of multiple treaties does not mean that there are different rights for different kinds of people. Instead, these treaties are only meant to emphasise the rights of certain groups or parts of the demographic whose rights are misunderstood or ignored by the state.

The rights of persons with disability can be found in two separate declarations and treaties:

- The basic human rights that apply to everyone, including Persons with disability, are provided in the Universal Declaration of Human Rights (UDHR).
- The fundamental rights that apply to Persons with disability are provided in the United Nations Convention on the Rights of Persons with disability (UNCRPD).

All support workers, even those who do not work with persons with disability, must know and understand the fundamental human rights outlined in the UDHR.

Additionally, support workers must know and understand the different rights enumerated within the UNCRPD. The UNCRPD is an international human rights treaty that outlines the fundamental rights of persons with disability. The convention contains many fundamental human rights found in the UDHR. In addition, it contains general and specific obligations that aim to protect different types of rights of all people with disability and older people.

The UNCRPD contains two documents. One document outlines the actual rights of persons with disability that must be upheld. The additional document contains an optional protocol for upholding these rights and addressing complaints. It is crucial to note that Australia has signed and accepted both documents, with the CRPD being signed on 17 July 2008 and the optional protocol being signed on 30 July 2009.

The convention explains what rights persons with disability are entitled to, what actions that affect persons with disability must be avoided, and what persons with disability must be supported with.

Examples of legal obligations in the UNCRPD that are applicable to behaviour support are the following:

- Support workers must uphold the person's freedom of expression and opinion by listening to their views when planning for behaviour support.
- Support workers must uphold the person's right to privacy by keeping behaviour support records safe and secure.



Further Reading



The Universal Declaration of Human Rights details the fundamental rights and freedoms that must be afforded to all people. It is the foundation of many legislations on the rights of men. You may access it through the link below:

[Universal Declaration of Human Rights](#)

The CRPD recognises the rights set forth by the UDHR. It details the obligations of governments and all people in upholding and safeguarding the rights of Persons with disability. The two documents that make up the CRPD can be accessed below:

[Convention on the Rights of Persons with disability](#)

Aside from the human rights treaties mentioned previously, the NDIS Quality and Safeguarding Framework is necessary for providing services for people with disability. The framework has four underpinning foundations:

Convention on the Rights of Persons with Disabilities

Disability Services Act of 1986

National Disability Strategy 2010-2020

National Disability Insurance Scheme Act 2013

In the context of disability and aged care support, this framework aims to ensure the following:

- The capability is built into the new market-based system
- The rights of people with disability are upheld
- The benefits of the NDIS are realised

In addition, it has the following objectives:

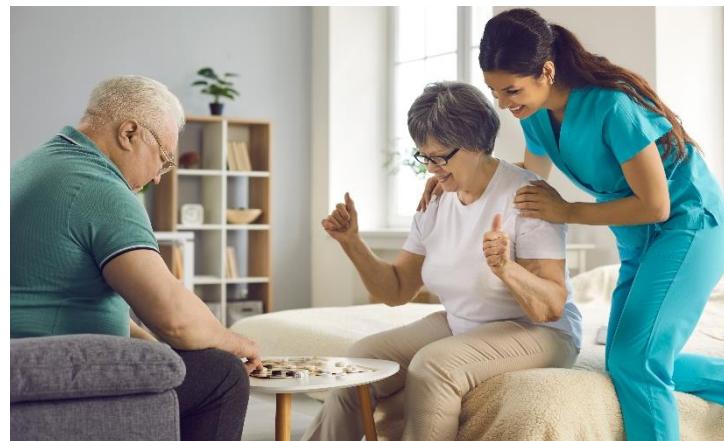
- Uphold the rights of people with disability, including their rights as clients
- Facilitate informed decision-making by people with disability
- Achieve person-centred outcomes for people with disability in ways that support and reflect their preferences and expectations
- Provide safe and fit the purpose for people with disability
- Allow people with disability to live free from abuse, violence, neglect and exploitation
- Enable effective monitoring and responses to emerging issues

Another document relevant to human rights is the Australian Human Rights Commission Act 1986. *Schedule 5 - Declaration on the Rights of Disabled Persons* of the said document state the following as some of the persons with disability' rights:

- Persons with disability shall enjoy all rights without exception, distinction, or discrimination.
- Persons with disability have the inherent right to respect their human dignity.
- Persons with disability have the same civil and political rights as other human beings.
- Persons with disability are entitled to the measures designed to enable them to become as self-reliant as possible.

The United Nations also promotes and safeguards the rights of older people. In addition to the Universal Human Rights awarded to all, the UN declared a set of principles for older persons.

The United Nations Principles for Older Persons aims to empower and promote the well-being of older people mainly in five categories:



- Independence
- Participation
- Care
- Self-fulfilment
- Dignity

Examples of the provisions in the UN Principles that apply to behaviour support are the following:

- Older persons should be able to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility. This includes full respect for their dignity, beliefs, needs and privacy and the right to make decisions about their care and the quality of their lives.
- Older persons should be able to live in dignity and security and be free of exploitation and physical or mental abuse.

Further Reading



To learn more about the principles that every country and people should uphold in protecting and empowering older persons, you may access the United Nations Principles for Older Persons through the link below:

[United Nations Principles for Older Persons](#)

In addition, different government representatives from member nations adopted a global plan of action for the ageing population in the twenty-first century. The plan is known as The Madrid International Plan of Action on Ageing (MIPAA). Access the MIPAA through the link below:

[The Madrid International Plan of Action on Ageing](#)

The Aged Care Quality and Safety Commission also aims to protect and promote the rights of older people through the Charter of Aged Care Rights that is implemented in the whole of Australia. The Charter is part of the Aged Care Act 1997. Through the Charter, older people, their families, and carer understand what should be expected from the care and services providers. Examples of rights in the Charter of Aged Care Rights that apply to behaviour support are the following:

- Right to be treated with dignity and respect
- Right to live without abuse and neglect
- Right to be informed about care and services in a way the person understands
- Right to have control over and make choices about the care, and personal and social life, including where the choices involve a personal risk
- Right to be listened to and understood
- Right to personal privacy and to have personal information protected

Further Reading



Access the Charter of Aged Care Rights through the link below:

[Charter of Aged Care Rights](#)

Multimedia



As a behaviour support worker, the Charter of Aged Care Rights will help you understand how you can and should provide support to your clients. Click the link below to learn more about the Charter of Aged Care Rights:

[Charter of Aged Care Rights](#)

Some ways that you can uphold the above rights during behaviour support are shown on the following table:

Rights of the Person	How to Uphold Their Rights
<p>The right of the people receiving care or support to enjoy human rights and fundamental freedoms when residing in any shelter, care or treatment facility, including full respect for their dignity, beliefs, needs and privacy and for the right to make decisions about their care and the quality of their lives</p>	<ul style="list-style-type: none"> ▪ Present support and care options to the person and discuss each option with them. Let them decide which one they would like to have. ▪ Ask them to identify situations where they would like to be given privacy.

Rights of the Person	How to Uphold Their Rights
Right to live free from abuse, violence, neglect and exploitation.	<ul style="list-style-type: none"> ▪ Ensure that the environment and behaviour support interventions are safe, crafted to suit the person's needs, and free from physical, mental, emotional and financial abuse. ▪ Let the person's family know the interventions that will be given to the client and the people that will be involved.
Right to be treated with dignity and respect	<ul style="list-style-type: none"> ▪ Listen to the person's opinion. Allow them to choose the care and support services provided to them. ▪ Give them opportunities to participate in the activities they would like to, even if it involves some risks. Ensure to exert all efforts to lessen or eliminate the harm and risks associated with the activities and their environment. ▪ Do not talk and look down on them.

Abuse, Neglect and Exploitation

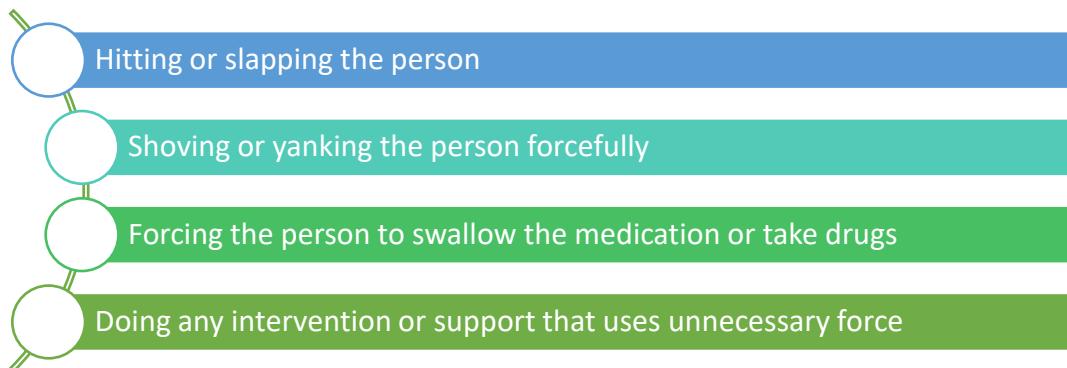
Abuse is when someone in a position of power takes advantage of another person. A person experiences abuse when they are a victim of violence or cruelty. Older people and persons with disability are especially vulnerable to abuse.

In 2021, the Australian Institute of Family Studies (AIFS) published the National Elder Abuse Prevalence Study: Final Report. The report presents the following:

- An assessment of the most common forms of abuse
- Characteristics of people who are most likely to experience abuse
- People who commit abuse
- Response of people when they experience abuse

There are different forms of abuse. It can be physical, emotional, financial or sexual. These are discussed in the following pages. Relevant information from the report are also mentioned.

- **Physical abuse** – It is the intentional use of force which results in pain, injury or impairment. Some examples of these are:



In 2021, the report estimated that around 71, 000 of Australia's elderly population has experienced physical abuse. From the report's sample of 7, 000, 2.0% and 1.6% of the male and female population experience physical abuse respectively. Physical abuse is most prevalent within the 65-69 age range.

It is reported that the most common forms of physical abuse are:

- Threatening to harm the person
- Grabbing, pushing or shoving
- Hit, punching, kicking or slapping
- Threatening with a weapon

Children of the older people are the largest perpetrators of physical abuse. The sons are more likely to be reported as the main perpetrators.

Older people who experience abuse usually take action against abusive behaviours by:

- Talking to the perpetrator
- Breaking any contact with the perpetrator
- Seeking professional and legal help

*Based on [National Elder Abuse Prevalence Study: Final Report](#), used under CC BY 4.0.
Australian Institute of Family Studies*

To identify physical abuse, you must look for the following indicators:

- Unexplained physical injuries and weight loss or malnutrition
- Signs of repeated injuries
- Anxiety or fear in the presence of certain individuals
- Inconsistent explanations for injuries

- **Emotional abuse** – It is also called psychological abuse. This form of abuse involves using words or behaviours that negatively impact a person's emotional wellbeing. Examples include:

- Yelling or threatening the person
- Humiliating the person or unfairly blaming them
- Isolating the person from their support system

As reported by AIFS in 2021, there are over 470, 000 cases of emotional abuse in the older population. The table below shows the prevalence of this abuse in the 7, 000 study sample:

Gender	Percentage (%)	Age	Percentage (%)
Male	10.7	65-69	16.8
Female	12.6	70-74	12.1
		75-79	9.0
		80-84	8.2
		85 and above	4.7

The most prevalent cases of emotional abuse in the report are the following:

- Insulting, calling names, swearing at the person
- Excluding or ignoring the person
- Belittling the person

Family members are most likely to commit psychological abuse. These include the person's in-laws and spouses. It is also reported that friends and neighbours are also perpetrators of this type of abuse.

Similar to physical abuse, the most common responses to this abuse are seeking professional and legal assistance, speaking with the perpetrator and breaking contact with them.

*Based on National Elder Abuse Prevalence Study: Final Report, used under CC BY 4.0.
Australian Institute of Family Studies*

These are the common indicators of emotional abuse:

- Low self-esteem or excessive fearfulness
 - Isolation from friends and family
 - Emotional distress
 - Frequent humiliation, insults
- **Financial abuse** – This occurs when a person intentionally misuses or controls another person's financial resources without their consent or against their best interests. Some examples are:
- Stealing the person's money or belongings
 - Blocking the person's access to their money or belongings

It is reported that around 80,000 of Australia's older population has experienced this type of abuse. In the report's sample population, around 2% of both the male and female population reported financial abuse. Most of the cases took form as:

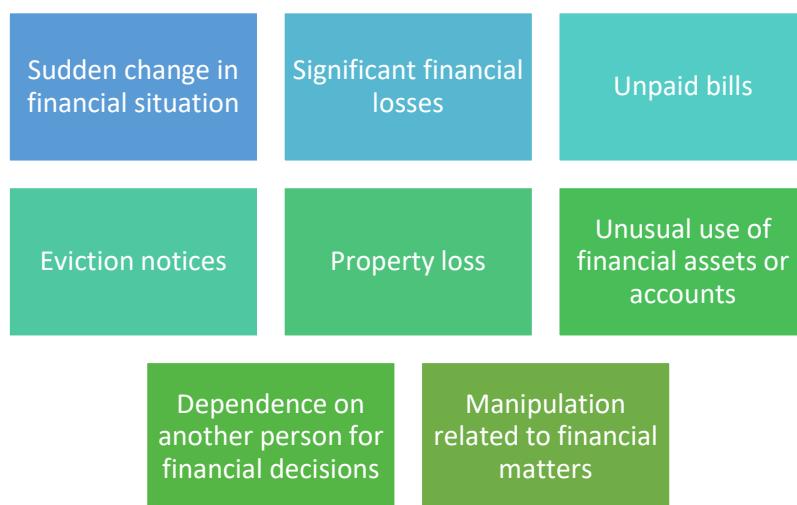
- Pressuring the person into giving them money, possessions or property
- Taking financial resources without permission
- Failing to provide financial assistance or contributions

These are most likely to be done by the person's children, friends and service providers.

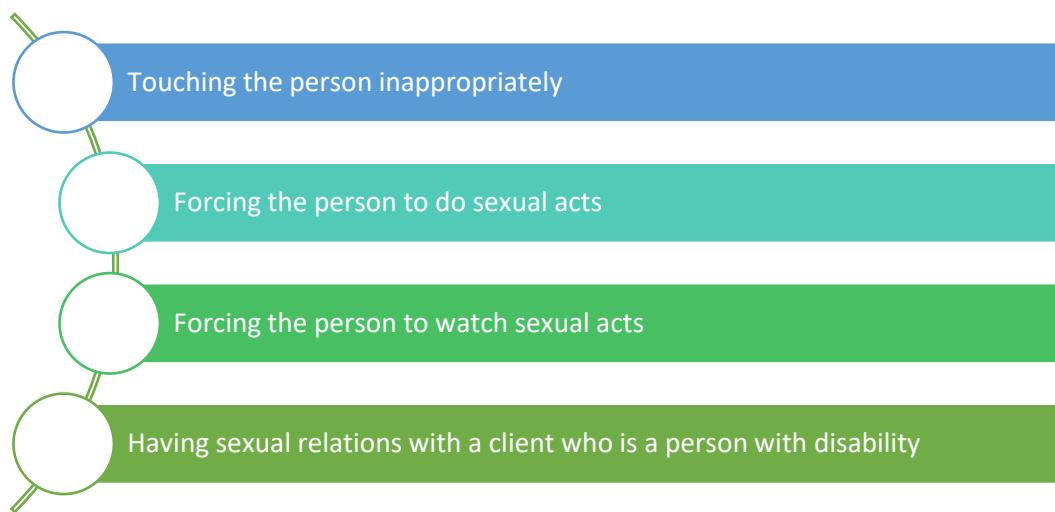
Similarly to previous forms of abuses, the most common actions against financial abuse are seeking professional and legal assistance, speaking with the perpetrator and breaking contact with them.

*Based on National Elder Abuse Prevalence Study: Final Report, used under CC BY 4.0.
Australian Institute of Family Studies*

You will recognise financial abuse by looking for these following signs:



- **Sexual abuse** – This involves any non-consensual sexual activity or exploitation. It can include:



In the report, there are almost 40,000 reported cases of sexual abuse among the older population. Around 1 percent of both the female and male sample population reported experiences of sexual abuse. They reported the following forms of sexual abuse:

- Talked to in a sexual way when unwanted
- Tried to engage in unwanted sexual experiences
- Touched in a sexual way against their will

The person's friends are the largest perpetrators of sexual abuse. They are followed by acquaintances and spouses or partners.

Victims take action by seeking professional or legal help, talking to the perpetrator or breaking contact with them.

*Based on National Elder Abuse Prevalence Study: Final Report, used under CC BY 4.0.
Australian Institute of Family Studies*

These are the indicators of sexual abuse:

- Sudden changes in behaviour (e.g. withdrawal from or fear of certain persons)
- Unexplained physical injuries or pain in genital areas
- Indirect hints about sexual abuse
- Anxiety, depression or self-harm

Neglect is a form of abuse where a carer fails to meet a person's needs in care. It means depriving a person of their fundamental rights. It can be just as bad as the other forms of abuse because it harms the person directly. Neglect can be either physical or emotional.

Below are examples of both forms of neglect:

- **Physical neglect**
 - Not providing a person with food, water or shelter
 - Not giving the person medical attention when needed
 - Not giving the person clothing appropriate for the season
 - Not giving the person their other needs (medication, food, support aid) on time
- **Emotional neglect**
 - Ignoring the person or not speaking to them for a long time
 - Ignoring the person's feedback or sentiments
 - Refusing to visit the person in their home or residential facility
 - Not expressing affection or care for the person

The report estimated 115, 529 cases of neglect among the older population. From the sample population, 2.2% of the male population has experienced neglect. While in the female population, 3.5% has experienced it.

The most common forms of neglected as reported by the sample population are:

- Failure to do routine housework
- Failure to assist in transportation
- Failure to assist in any other day-to-day activity
- Failure to assist in meal preparation

The person's children and partners are identified as the largest perpetrators of neglect.

The most common action to address neglect is to talk with the person.

*Based on [National Elder Abuse Prevalence Study: Final Report](#), used under CC BY 4.0.
Australian Institute of Family Studies*

Some indicators of neglect are:

Physical neglect	Emotional neglect
<ul style="list-style-type: none"> ▪ Poor personal hygiene ▪ Sign of malnutrition ▪ Unsanitary living conditions ▪ Lack of appropriate clothing ▪ Untreated wounds or infections 	<ul style="list-style-type: none"> ▪ Low self-esteem ▪ Depression ▪ Emotional distress ▪ Lack of affection ▪ Social isolation

Exploitation is unfairly benefiting from someone's work or possessions. It usually involves fooling a person or manipulating their emotions. This exploitation can come from their family members, carers or even strangers. For example, charging the person for food or service that was not given is a form of exploitation.

Below are some forms of exploitation and what they might look like for people with dementia:

Type of Exploitation	Definition and Example
Financial	This means manipulating the person to give money away. For example, a person's family member tells the person that their loved one is in financial trouble. They appeal emotionally to convince the person to give them a large amount of money.
Physical	This means manipulating the person to do work for free. For example, a support worker makes the person do the work that the support worker is supposed to do. The support worker convinces the person that this is part of their 'therapy'.

Additionally, here are the most common forms of financial exploitation experienced by elderlyies based on the survey conducted by Australian Bureau of Statistics:

- Card fraud – It refers to the unauthorised use of a person's debit or credit card for financial gain. It may involve stealing the person's card details to make purchases or withdrawing cash from ATMs without the person's knowledge.
- Identity theft – This occurs when a person intentionally assumes someone's identity to make fraudulent transactions. This can involve stealing someone's personal information to open new accounts for fraudulent activities.
- Scams – It involves tricking the person into providing personal information, money or other valuable possessions. An example would be someone posing as a legitimate company and manipulating a person to give them money.

Based on [In focus: persons aged 55 years and over](#), used under CC BY 4.0. Australian Bureau of Statistics

Older people and persons with disability are often targets for exploitation. Some believe that they are too nice or naïve, making them easy to fool. Some people may not even realise that someone is exploiting them. Some may also feel too embarrassed to ask for help after being exploited.



Further Reading



The article below talks about the prevalence of personal fraud among the older population:

[In focus: persons aged 55 years and over](#)

The legislation and code of conduct below are examples of legal and ethical considerations relevant to abuse, neglect and exploitation:

[Disability Services Act \(National Standards for Disability Services\)
Determination 2014](#)

[Disability Service Safeguards - Code of Conduct](#)

[Protecting the Rights of Older Australians](#)

Below are examples of how you can work legally and ethically to address abuse, neglect and exploitation:

Issue	How to Work Legally	How to Work Ethically
Abuse	Provide respite for carers from behaviour support by taking over some interventions since abuse is more likely to happen amongst stressed carers.	<ul style="list-style-type: none"> ▪ Do not use physical force and foul words to explain something to the person or assist them in doing some activities. ▪ Do not engage in abuse when implementing approved and authorised restrictive practices.
Neglect	Monitor the person's safety and well-being closely before, during, and after implementing interventions.	<ul style="list-style-type: none"> ▪ Be aware of mandatory reporting requirements for suspected instances of neglect in behaviour support. ▪ Report and investigate suspected instances of neglect immediately.
Exploitation	Go through the mandatory reporting process upon seeing that a colleague is using restrictive practices as leverage for exploiting the person.	<ul style="list-style-type: none"> ▪ Be alert in situations where one of their colleagues may exploit when implementing restrictive practices. ▪ Do not ask the person to do things they are not supposed to.

Mandatory Reporting

Mandatory reporting is a requirement that obligates carers to report any reasonable belief of abuse to the proper authorities. Any person with a duty of care over an older person or persons with disability must determine whether the person needs immediate help or is suffering from significant harm.

Mandatory reporting is applicable in any situation where a support worker believes that an older person or a person with disability is at risk of any of the following:

- Neglect
- Exposure to domestic violence
- Physical abuse
- Emotional abuse
- Psychological harm
- Sexual harm
- Financial abuse
- Abandonment

Australian states and territories have active laws that require mandatory reporting for support workers. However, the laws and authorities are not the same across all jurisdictions. Old persons and persons with disability support workers will need to follow varying protocols and procedures when reporting suspected cases of abuse and harm.

Check on the following government sites and department sites for older people and persons with disability:

State/Territory	Reporting Authority
Australian Capital Territory	Child and Youth Protection Services
New South Wales	Communities & Justice
Northern Territory	Department of Territory Families, Housing and Communities
Queensland	Department of Children, Youth Justice and Multicultural Affairs
South Australia	Department for Child Protection
Tasmania	Department of Communities Tasmania
Victoria	Department of Families, Fairness and Housing
Western Australia	Department of Communities

On the other hand, support workers who provide residential aged care services subsidised by the Australian Government must adhere to the Serious Incident Report Scheme. This means they must report abuse and neglect cases through the My Aged Care Provider Portal on the Department of Health website.



Further Reading

Additional information on the reporting requirements for people working closely with children is available through the link below:

[Mandatory reporting of child abuse and neglect](#)

Additional information on the reporting requirements for support workers who work closely with older people is available through the link below:

[Serious Incident Response Scheme](#)

Individual organisations will also have their own policy for reporting abuse and neglect cases. These policies will include procedures for reporting, including the following:

The person you are reporting to

The steps for reporting

The action to take when you witness abuse happening

The statement that you are reporting abuse on their behalf

The action to take if the person does not consent to a report

The action to take after you report an incident

Below are steps you might follow after spotting signs of abuse, neglect or exploitation. Your organisation may have different steps, but the idea would be generally similar.

1. Ask the person about your observation.
2. Inform the person that you will make a report about the observation.
3. Assure the person that this report is for their safety and will be handled with confidentiality.
4. Make a written or digital record of the report.
5. Send the report to your immediate supervisor.
6. Forward the report to the appropriate authority.
7. Take steps to investigate the incident as advised by your supervisor.

Practice Standards

Practice Standards are quality standards that registered NDIS and aged care service providers must meet when delivering services to their clients. These practice standards set benchmarks in assessing the safety and quality of service delivery.

- **NDIS Practice Standards**

The NDIS Practice Standards consist of core and supplementary modules relevant to the services and support an NDIS provider offers. These practice standards are based on the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018.

The Practice Standards has four core modules covering the following:



Each of the core modules above is based on an ethical consideration:

- **Rights and responsibilities** – Respect for the person's background when delivering interventions.
- **Provider governance and operational management** – Show concern for the person by managing risks here related to their implemented interventions.
- **Provision of supports** – Respect for the person's right to self-determination by ensuring that support activities are according to their goals.
- **Provision of supports environment** – Show concern for the person by ensuring that support activities are done in a safe environment.

The table below summarises the content of the Rights and Responsibilities module:

Area	Outcome
Person-Centred Supports	Each participant accesses supports that promote, uphold, and respect their legal and human rights and can exercise informed choice and control. The provision of support promotes, upholds and respects individual rights to freedom of expression, self-determination and decision-making.
Individual Values and Beliefs	Each participant accesses supports that respect their culture, diversity, values and beliefs.
Privacy and Dignity	Each participant accesses supports that respect and protect their dignity and right to privacy.
Independence and Informed Choice	Each participant is supported by the provider to make informed choices, exercise control and maximise their independence relating to the supports provided.
Violence, Abuse, Neglect, Exploitation and Discrimination	Each participant accesses supports free from violence, abuse, neglect, exploitation or discrimination.

Sourced from [NDIS practice standards](#), used under CC BY 3.0 AU. © Commonwealth of Australia

The table below summarises the content of the Provider Governance and Operational Management module:

Area	Outcome
Governance and Operational Management	Each participant's support is overseen by robust governance and operational management systems relevant (proportionate) to the provider's size and scale and the scope and complexity of support delivered.
Risk management	Risks to participants, workers and the provider are identified and managed.

Area	Outcome
Quality management	Each participant benefits from a quality management system relevant and proportionate to the size and scale of the provider, which promotes continuous improvement of support delivery.
Information management	Management of each participant's information ensures that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.
Feedback and complaints management	Each participant has knowledge of and access to the provider's complaints management and resolution system. Complaints and other feedback made by all parties are welcomed, acknowledged, respected and well-managed.
Incident management	Each participant is safeguarded by the provider's incident management system, ensuring that incidents are acknowledged, responded to, well-managed and learnt from.
Human resource management	Each participant's support needs are met by workers who are competent in relation to their role, hold relevant qualifications, and have relevant expertise and experience to provide person-centred support.
Continuity of supports	Each participant has access to timely and appropriate support without interruption.
Emergency and disaster management	Emergency and disaster management includes planning that ensures that the risks to the health, safety and well-being of participants that may arise in an emergency or disaster are considered and mitigated and ensures the continuity of supports critical to the health, safety and well-being of participants in an emergency or disaster.

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The table below summarises the content of the Provision of Supports module:

Area	Outcome
Access to Supports	Each participant accesses the most appropriate support that meets their needs, goals and preferences.
Support Planning	Each participant is actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths and goals and are reviewed regularly.
Service Agreements With Participants	Each participant clearly understands the supports they have chosen and how they will be provided.
Responsive Support Provision	Each participant accesses responsive, timely, competent and appropriate support to meet their needs, desired outcomes and goals.
Transitions to or From a Provider	Each participant experiences a planned and coordinated transition to or from the provider.

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The table below summarises the content of the Provision of Supports Environment module:

Area	Outcome
Safe Environment	Each participant accesses support in a safe environment appropriate to their needs.
Participant Money and Property	Participant money and property are secure, and each participant uses their money and property as they.
Management of Medication	Each participant requiring medication is confident their provider administers, stores and monitors the effects of their medication and works to prevent errors or incidents.

Area	Outcome
Mealtime Management	Each participant requiring mealtime management receives nutritious meals of a texture that is appropriate to their individual needs. The meals are planned appropriately and prepared in an environment and manner that meets their individual needs and preferences and delivered in a way that is appropriate to their individual needs and ensures that the meals are enjoyable.
Management of Waste	Each participant, each worker, and any other person in the home is protected from harm as a result of exposure to the waste, infectious or hazardous substances generated during the delivery of supports.

Sourced from [NDIS practice standards](#), used under CC BY 3.0 AU. © Commonwealth of Australia



Further Reading

Access the complete *NDIS Practice Standards and Quality Indicators* and supplementary modules through the link below:

[NDIS practice standards](#)

In essence, these standards tell you that when you support a person with disability, it is important that they are part of the decision-making. For example, if their goal is to perform a daily activity like shopping for groceries, then you must consider this in the BSP. The person with disability must also be informed of the risks and what will be done to manage the risks.

Although Practice Standards above are set for NDIS providers, these standards can also be applied to aged care service providers. The general point of the practice standards is to provide quality, person-centred support and care interventions that recognises the rights and freedom of all people.

Aged Care Quality Standards

The ACQSC also set out specific standards to ensure the safety and quality of services provided to older people. All aged care service providers are required to comply with all the quality standards.

The eight quality standards that cover specific concepts are listed below:

Standards	Concepts Covered
Standard 1: Consumer Dignity and Choice	The older person must realise the importance of having a consumer's sense of self. The older person must have the freedom to act independently, make their own choices and take part in engaging with the community as part of the services provided to them.
Standard 2: Ongoing Assessment and Planning With Consumers	The care and services should meet the older person's needs, goals and preferences.
Standard 3: Personal Care and Clinical Care	All personal and clinical care services should be provided safely and effectively. The services should aid and promote the older person's safety and well-being.
Standard 4: Services and Supports for Daily Living	The services and supports must allow the older person to live independently. This means to do the things they can still do on their own.
Standard 5: Organisation's Service Environment	The older person must feel that they belong, and are safe and comfortable in the residential care, respite care and therapy centres.
Standard 6: Feedback and Complaints	The older person must be able to file complaints or give feedback based on the organisation's set system. The system must be accessible, confidential, prompt and fair.

Standards	Concepts Covered
Standard 7: Human Resources	The older person must be attended to by skilled and qualified personnel.
Standard 8: Organisational Governance	The aged care service providers are responsible for the safe and quality care and services provided to the older person.

Based on *Guidance and resources for providers to support the Aged Care Quality Standards*.

© Commonwealth of Australia

Like the ideas in the NDIS practice standards, the goal of the ACQS is to empower older adults to make decisions and, as much as possible, live independently. This could pertain to making choices regarding how they wish to participate in the community. If one of their daily activities is a weekly trip out, then the ACQS requires that the support worker must take all necessary measures to ensure that this can be done safely. If a risk is involved, the person must be made aware of this and be given a chance to make informed decisions.

Work Health and Safety

As a support worker, you must ensure that your approach safeguards yourself and others from harm and illness. No part of your approach must endanger others or create scenarios that can harm or bring illness to the following:

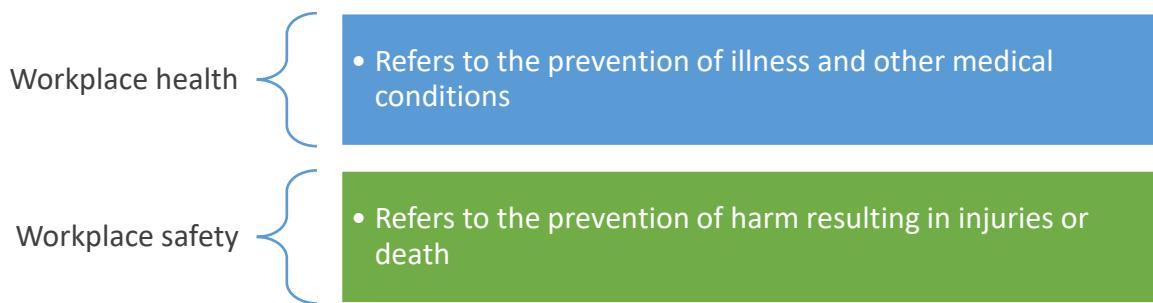
- The person receiving support
- Your coworkers
- Other people at your workplace

As such, your approach must incorporate work health and safety practices.



Work health and safety practices ensure that support workers, the person, their families, and other public members are protected from illnesses and harm that elements in their immediate environment may cause.

Workplace health and safety are twofold:



The Work Health and Safety (WHS) Act 2011 provides a balanced and nationally consistent framework to secure the health and safety of workers and workplaces. Under the WHS Act, a support worker is required to:

- Take reasonable care of their own health and safety
- Take reasonable care that their acts or omissions do not adversely affect the health and safety of other persons
- Comply, so far as the worker is reasonably able, with any reasonable instruction that is given by the person conducting the business or undertaking to allow the person to comply with this Act
- Cooperate with any reasonable policy or procedure of the person conducting the business or undertaking relating to health or safety at the workplace that has been notified to workers

Sourced from the Federal Register of Legislation at 30 January 2022.

For the latest information on Australian Government law please go to <https://www.legislation.gov.au>.

Work Health and Safety Act 2011, used under CC BY 4.0

Compliance with the Workplace Health and Safety Act 2011 helps prevent injuries, illness, and harm caused by workplace hazards. Some examples include the following:

- Physical pain and injury from performing unsafe tasks
- Injuries from slips, trips, or falls as a result of hazardous working conditions
- Damages caused by workplace violence, falling objects, or operation of motor vehicles and equipment
- Injuries resulting from handling of electrical wiring or equipment
- Illness from radiation, exposure to chemicals, extreme temperatures and noise
- Illness resulting from stress

As a support worker, you are expected to take measures to manage your own health and safety. You can prevent injuries and illnesses to yourself and others by doing the following:

- Eat well, and exercise regularly before coming to work. Make sure that you get seven to eight hours of sleep every night.



- Always make sure that someone knows your whereabouts, especially during work hours. When going on breaks, let a coworker know when you will be back.
- Have a mobile phone with emergency numbers saved in your contact list.
- Do not assist the person under your care with tasks beyond your responsibility. Additionally, tasks that require more than one person must not be attempted without help.
- Maintain professional boundaries with your client. You cannot share personal details, contact information, food, drinks, and personal items.
- Report any hazards to your immediate supervisor and organisation. Follow up on your report to ensure that the hazard is addressed immediately.
- Refer to your organisation's policies and procedures on work health and safety for additional information.

Another way that a support worker can work legally to comply with WHS requirements is to call in sick instead of applying interventions for a contagious illness. To work ethically, they must provide behaviour support when free from being under the influence of alcohol and illegal substance.

Different states and territories have their own variation or version of workplace health and safety law. You must check the workplace health and safety law that applies to your state or territory to view the specific requirements that you need to comply with.

Access the following state or territory legislation on workplace health and safety by clicking on the links provided:

State/Territory	Reporting Authority
Australian Capital Territory	Work Health and Safety Act 2011 Work Health and Safety Regulation 2011
New South Wales	Work Health and Safety Act 2011 No 10 Work Health and Safety Regulation 2017
Northern Territory	Work Health and Safety (National Uniform Legislation) Act 2011 Work Health and Safety (National Uniform Legislation) Regulations 2011
South Australia	Work Health and Safety Act 2012 Work Health and Safety Regulations 2012
Tasmania	Work Health and Safety Act 2012 Work Health and Safety Regulations 2012
Victoria	Occupational Health and Safety Act 2004 Occupational Health and Safety Regulations 2017
Western Australia	Occupational Safety and Health Act 1984 Occupational Safety and Health Regulations 1996

The other legal and ethical considerations are discussed in the following parts of this Learner Guide:

- Constraint is discussed in Subchapter 3.1 and Section 3.1.5.
- Imprisonment is discussed in Subchapter 3.1 and Section 3.1.5
- Structural and systemic issues:
 - Poverty is discussed in Chapter 2 (chapter opener).
 - Housing is discussed in Chapter 2 (chapter opener).
 - Lack of access to resources is discussed in Chapter 2 (chapter opener).



Lotus Compassionate Care

Lotus Compassionate Care is the simulated organisation that provides services in disability support, home and community support, and residential care referenced in our learning resources.

Their policies and procedures are published on their site. You can access them through the link below:

[Policies & Procedures](#)

(username: newusername password: newpassword)

Multimedia



It is important to involve the person with disability in daily tasks and routines. Check the other advantages of active support in the video below:

[This is how Active Support works - Expand Someone's World](#)

It is also important to actively involve older people in planning and implementing support plans for their needs. The same with Persons with disability. A lot is being done for them, but not with them. Check the video below to understand why enabling active participation in aged care is important. It will also help you gain an additional understanding of your role as a support worker:

[Finding the why; Enabling Active Participation in Life in Aged Care](#)

Checkpoint! Let's Review



1. A *behaviour support plan* (BSP) is an individualised document that addresses the person's needs with complex behaviours of concern.
2. *Quality of life* (QoL) refers to how a person remains healthy, comfortable and able to enjoy life. Quality of life is often linked with a person's ability to perform activities of daily living (ADLs).
3. *Activities of daily living* (ADLs) are fundamental tasks wherein one independently cares for oneself. ADLs may include the following:
 - Self-feeding
 - Personal hygiene
 - Toilet hygiene
 - Dressing up
 - Mobility
4. Disability often limits a person's ability to perform ADLs, which may harm their QoL. Thus, they must be given the necessary support.
5. The BSP also outlines which ADLs the person with disability can perform adequately and which ones they need support.
6. Legal and ethical considerations must be adhered to when working with a person requiring support or care.



1.2 Consider Individual Factors When Engaging in Activities of Daily Living



As a support worker, one of your tasks is to support the person's daily activities. These include ADLs and routines. *Routines* are the series of activities a person does during a particular time. As you provide support, the person must remain engaged in the activities. The person's level of engagement will determine the extent of their participation. Activities must be relevant and relatable for the person to ensure that they are engaged in ADLs and routines. One way to make activities relevant and relatable to the person is to consider their needs, strengths, capabilities and preferences.

Needs are the things that the person requires. It can include socialisation needs or daily assistance with day-to-day tasks.

Strengths are the person's traits or skills that are advantageous to them. It can include traits like openness and independence or skills like problem-solving and leadership.

Capabilities refer to what the person can do and to what extent. For example, a person may know how to prepare food, but their cooking skill is limited to frying and boiling.

Preferences can refer to the things that the person likes or like better. A person may show their preference for food or activities, among others.

To consider the person's individual needs, strengths, capabilities and preferences when engaging in ADLs and routines, do the following:

- Gather information about the person's individual needs, strengths, capabilities and preferences. This information can be found in the person's BSP. You may also ask the person themselves or their family members.
- Ensure that the activities address the person's individual needs. If the person has socialisation needs, there must be opportunities to interact with others.
- Ensure that the activities are something that the person can do, is willing to try or finds interesting. This makes the activities more meaningful for them and makes them more likely to participate.
- Encourage the person to suggest other activities in line with their interests or needs. Listening will make the person feel valued. In addition, this gives the person freedom to choose for themselves and collaborate in support provision.



Below are examples of how you can engage a person in performing ADLs and participating in routines.

- **A person who loves nature**
 - Incorporate outdoor activities in the person's routine (e.g. visiting a park, fishing, walking outdoors).
- **A person who enjoys cooking but has fine motor issues**
 - Assist with cooking tasks that use fine motor muscles (e.g. cutting vegetables).
 - Have the person make a weekly menu, which you can help implement.
- **A person who prefers to spend time with same-age peers**
 - Connect with community members the same age as the person and plan outings together.
 - Look for community activities that fit the person's developmental age (e.g. youth camps, walking groups for older people).

Checkpoint! Let's Review



1. As a support worker, one of your tasks is to support the person's daily activities. These daily activities include ADLs and routines.
2. The person's level of engagement will determine the extent of their participation in their daily activities. Activities must be relevant and relatable for the person to ensure that they are engaged in ADLs and routines.
3. Ensure that you make the activities relevant and relatable to the person by considering their needs, strengths, capabilities and preferences.



1.3 Identify Challenges on Engagement and Motivation and Seek Assistance



As mentioned in the previous subchapters, your task includes providing support to maintain the person's ADLs and engage them in daily activities. However, there will be times when you will have challenges doing these tasks due to a lack of engagement or motivation on the person's end. You must identify the lack of engagement or motivation. This is so you can figure out the necessary steps to bring back their interest in their ADLs and routines.

Engagement refers to a person's active involvement in something. The higher the engagement, the more likely the person will participate in activities. Conversely, a lack of engagement means the person is less likely to be involved. Lack of engagement may result from:

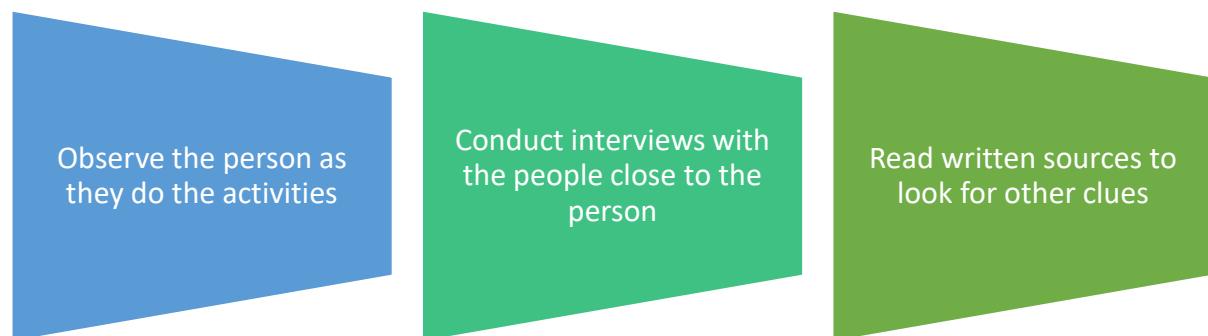
- **Lack of interest in the activities** – For example, the activity is not something the person wants to do.
- **Personal issues** – For example, the person has personal problems with the support worker.
- **Lack of motivation to do the task** – For example, the person is unwell and cannot do the task, or the person does not see the purpose of the task.
- **Limitations that make it difficult for the person to focus on the task** – Examples include ADHD, learning disability, motor skills limitation, and slow body coordination.
- **Other social, physical, mental, emotional, or environmental factors**

The BSP may contain some useful information on factors that can affect a person's engagement. For example, individual indicators may be included to let the support workers know when a person is not feeling well.

Motivation refers to a person's ability and enthusiasm to engage or proceed with a task. Lack of motivation may result in a disinclination to do an activity. Lack of motivation may result from:

- **There are physical factors.** For example, a person has physical conditions that make it difficult for them to do the task.
- **There are emotional factors.** For example, the person feels frustrated because of repeated failures.
- **There are possible psychological factors.** For example, the person has depression or anxiety.
- **There is a lack of personal commitment.** For example, the person only agreed to do the activity because it is something they have to do.
- **Activities are not suitable for the person.** For example, the person's needs, strengths, capabilities and preferences are not considered.

To identify the challenges in engaging or motivating the person, you may:



Observation is a data collection procedure involving paying close attention to something and noting things of importance. During observations, you must note if there are any:

- Repetitions of the same behaviour under the same conditions on several occasions
- Occurrences of the behaviour in other circumstances
- Behaviours that signal a lack of motivation or interest
- Behaviours that follow after the appearance of disinterest

The people close to the person may also give you information about the person's lack of engagement and motivation. The people close to the person may include their family members or other people involved in the support provision (e.g. carer, health professional). You can schedule a consultation with them and do the following:

Ask the people if they observed any changes in the person's behaviours recently.

Confirm with the people if they have observed similar behaviours and under what context.

Consult the possible reasons that are causing the lack of engagement or motivation.

Lastly, written sources are invaluable sources of information. Written sources include the person's BSP and reports from previous service providers and other professionals. There might be something written in these reports that can clue you into the person's behaviours.

Seek Assistance From Others

Understanding the roles and responsibilities of the people involved in the person's care is essential. Each individual below plays an important role when providing support to the client. They each have their own responsibilities in ensuring that the client gets the help they need. Knowing the roles and responsibilities of each one would ensure that you know who to seek assistance from on some issues.

The following tables provide the roles and responsibilities of those involved in the provision of support. Some of these roles and responsibilities may overlap, particularly for the support worker and carer.

Disability Support Worker	
Roles	Responsibilities
Assists with domestic tasks and chores	<ul style="list-style-type: none"> ▪ Assists the client with domestic tasks and chores by menu planning, cooking, cleaning, etc. ▪ Provides personal care where required and administers medications after training
Provides companionship and support in developing existing skills, abilities and confidence	Supports the client in developing skills, abilities and confidence by encouraging them and giving them opportunities to showcase their talents and capabilities

Disability Support Worker	
Roles	Responsibilities
Implements interventions to attain target behaviour	Supports the client in minimising behaviours of concern by removing triggers and helping them develop skills and coping mechanisms to manage behaviours of concern
Handles incidents related to behaviours of concern	Deescalates the situation and keeps everyone in the vicinity safe while the person is exhibiting behaviours of concern

Supervisor	
Roles	Responsibilities
Supervises the senior support workers in monitoring individual planning	Oversees the monitoring of individual planning by ensuring that support provided to each client is in line with the individual plans and goals
Provides mentoring and shares knowledge practice	Provides mentoring and shares knowledge practice by conducting training and increased supervision to support workers as they learn a new task

Carer	
Roles	Responsibilities
Provides assistance relevant to personal care	Assists the client with personal care by helping them with daily tasks such as dressing, lifting, and showering
Provide assistance in behaviour support	Coordinates with the person and support worker on behaviour support interventions
Provides medications based on the medication record and schedule	Reminds and urges the client to intake necessary medications based on the medications record and schedule
Consult with the prescriber about medication usage	Meets with the prescriber to ensure that the medication plan is still relevant and effective

Family	
Roles	Responsibilities
Provides the special needs of the client	Provides the client's special needs by doing a specific task for them, such as helping them communicate, which is a way to help minimise behaviours of concern
Provides support, love and care for the client	Provides support, love, and care by ensuring that the client receives the attention and affection they need that will help them in boosting their confidence and self-esteem as they participate in behaviour support

Health Professional	
Roles	Responsibilities
Diagnoses health issues relevant to the client's disability	Diagnoses the health issues that may arise from the client's disability and other limitations by conducting check-ups and analysing the findings
Provides health treatment and advice relevant to the client's disability	Provides health treatment and advice by giving prescriptions on the medications or equipment that must be administered to the client
Provides referrals for specialist treatment that they cannot provide	Provides referrals for specialist treatment by referring the client to a specialist (e.g. psychologist, physiotherapist, occupational therapist)

Occupational Therapist	
Roles	Responsibilities
Identify environmental factors that trigger the person's behaviours of concern	Conducts an assessment and evaluation of the client's living situation to identify any factors that may trigger the person's behaviours of concern
Provide advice relevant to behaviour support	Advises the support worker about how to help the client transition to an independent life while minimising their behaviours of concern

Behaviour Support Practitioner	
Roles	Responsibilities
Ensures that the service provider is implementing evidence-based support	Conducts behaviour assessments on the client to ensure that interventions adequately address the client's needs
Strengthens skills and knowledge of staff in behaviour support	Provides advice to support staff in planning and implementing behaviour support interventions

Once you have identified each person's roles and responsibilities, you will know who to seek assistance from. For instance, if the person's medication makes them sleepy and unable to remain interested in the activity, you have to coordinate with a health professional. These people can help you resolve the problem by giving tips on changing the activity or the circumstances to engage or motivate the person.



Checkpoint! Let's Review



1. Lack of engagement means that the client is less likely to be involved. Lack of engagement may result from the following:
 - Lack of interest in the activities
 - Personal issues
 - Lack of motivation to do the task
 - Disabilities and other limitations that make it difficult for the person to focus on the task
2. Motivation refers to a client's ability and enthusiasm to engage or proceed with a task. Lack of motivation may result in a disinclination to do an activity.
3. The following people can help you in engaging and motivating the client:
 - Support worker
 - Supervisor
 - Carer
 - Family
 - Health professionals



1.4 Provide a Safe Environment for the Person



Positive responses refer to appropriate behaviours that allow the person to function in a situation or environment. An example of a positive response is emotional self-regulation when things do not go as planned. When the person can control their emotions, they are more likely to bounce back in difficult situations. Positive responses are essential, as these help the person accomplish things and grow subsequently.

Adaptive responses are behaviours that enable the person to cope successfully in unexpected situations. Adaptive responses are indicators of a healthy coping mechanism. The ability to adapt promotes a person's growth and independence. It also shows cognitive and emotional mastery.

Increasing positive and adaptive responses is vital in disability and aged care support. These responses allow the person to function more independently and live a fulfilling life. Positive and adaptive responses are elicited in safe environments. When a person feels safe in their environment, they can be themselves without fear of judgement, feelings of distress, or a threat to their safety.

Consider the following to provide a safe environment:

Physical safety

Emotional safety

Cultural safety

▪ **Physical safety**

As a support worker, you must ensure that the person under your care is physically safe. A safe and healthy person is more likely to display appropriate and adaptive responses. When they feel threatened, they are more likely to display behaviours of concern. You can provide a physically safe environment by doing the following:

- Removing hazards in the area
- Providing aids or equipment that the person needs
- Ensuring that the activities and routines are suited to the person

▪ **Emotional safety**

This involves genuinely connecting with the person under your care by considering their needs. When a person has someone with whom they can connect and feel emotionally safe, they feel more valued, secure, and confident. Provide an emotionally safe environment by doing the following:

- Giving positive reinforcements whenever applicable
- Removing triggers that can upset the person
- Ensuring that routines remain predictable for those who need it
- Being genuine in your interactions with the person
- Helping the person achieve their potential through positive strategies

▪ **Cultural safety**

This involves giving respect and acknowledgement to a person's identity. Cultural safety allows people to be themselves and express their cultural beliefs without fear of assault or discrimination. When people feel culturally safe, they will also feel physically and emotionally safe. Provide cultural safety by doing the following:

- Providing opportunities for the person to talk more about their culture and beliefs
- Considering the person's cultural beliefs and practices in support provision
- Incorporating aspects of the person's cultural beliefs and practices in activities

Checkpoint! Let's Review



1. Increasing positive and adaptive responses is vital in disability and aged care support. These responses allow the person to function more independently and live a fulfilling life.
2. *Positive responses* refer to appropriate behaviours that allow the person to function in a situation or environment. *Adaptive responses* are behaviours that enable the person to cope successfully in unexpected situations. Adaptive responses are indicators of a healthy coping mechanism.
3. Positive and adaptive responses are elicited in safe environments. When a person feels safe in their environment, they can be themselves without fear of judgement, a threat to their safety or feelings of distress.
4. For an environment to be safe, you must consider the following:
 - Physical safety
 - Emotional safe
 - Cultural safety



Learning Activity for Chapter 1

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

II. Review the Context of Behaviours of Concern



Behaviour refers to a person's observable reactions, their response to a stimulus. Some behaviours are appropriate and considered productive. An example is one's emotional regulation when things do not go as planned. Other behaviours adversely affect the well-being or physical safety of the person and others around them. These behaviours are called behaviours of concern. Recall that behaviours of concern endanger the safety of the person displaying the behaviour or the others around them.

Unmet needs often cause behaviours of concern. *Unmet needs* refer to a person's needs that remain unaddressed because they either:

- Have no access to the services they require
- Have access to services that meet their needs but only to a limited extent

Multimedia



The video below explains why it is crucial to address the behaviours of concern in children:

[What are Behaviours of Concern?](#)

Knowing the context of a person's behaviours of concern will help you understand the factors that trigger these behaviours. This knowledge will help you identify and implement the appropriate behaviour interventions.

To know more about the context of the behaviours of concern, you must look into the following:

- Indicators that the person has unmet needs
- History/similar situations where the behaviours of concern occurred
- Other factors that may contribute to behaviours of concern

As mentioned, unmet needs result in behaviours of concern. If a person has a need that is not addressed, it causes them distress. Stress can lead to challenging behaviour. Behaviours of concern can also be a person's way of communicating their unmet needs. For these reasons, you must look for indicators of unmet needs. Identification is the first step you must take before addressing these unmet needs.

To identify if a person has unmet needs, you must look into the following indicators:

Systemic
indicators

Structural
indicators

Individual
indicators

Relational
indicators

Cultural
indicators

- **Systemic indicators**

Systemic indicators refer to social, economic or political factors that suggest a person may have unmet needs. Systemic indicators may include poverty and policies that discriminate against older people and people with disability. *Poverty* is when a person lacks the resources to sustain a minimum standard of living. Poverty often leads to poor quality of life, malnutrition and other health hazards. In short, the person's basic needs are not being met.

In addition, policies that discriminate against older people and persons with disability or do not accommodate their needs prevent them from accessing the services they need (e.g. healthcare). This also results in their needs not being met (e.g. healthcare needs).

A support worker can legally address poverty by assisting the person in gaining access to basic needs and developing skills and capabilities they need to participate in society. To ethically address poverty, the support worker can seek advice from their organisation on how to best meet the client's behaviour support needs in spite of their financial difficulties.

- **Structural indicators**

Structural indicators refer to societal structures that suggest a person may have unmet needs. Examples of structural indicators are lack of access to resources and housing. When the person lacks access to resources, they cannot meet their needs. For example, if they cannot go to a grocery store because they do not have access to person with disability-friendly transportation, then they will not be able to shop for food and toiletries.

Appropriate housing includes having a place to live where the older person or persons with disability can remain dignified and secure. It also refers to settling in a community with access to the necessary services and support.



If the person lacks proper housing, their community may be unsafe or lack the necessary services and support. Another indicator is high unemployment rates amongst Persons with disability since employers prefer to hire people without disabilities.

Some examples of how a support worker can legally and ethically address housing issues and lack of access to resources are:

Issue	How to Work Legally	How to Work Ethically
Housing issue	<p>Take note of the client's specific housing concern. Coordinate with your supervisor for approval and assistance in raising this with the concerned government department.</p>	<p>Assist the client in modifying their current home to prevent any environmental triggers for the behaviours of concern.</p>
Lack of access to resources (e.g. transportation that is friendly and accessible to older people and Persons with disability)	<p>Make observations and note the resources the client needs but are unavailable. Monitor how this can affect the client's behaviours of concern. Coordinate with your supervisor for approval and assistance to raise the concern to the proper agencies and organisations.</p>	<p>Review the individualised behaviour support plan and develop strategies to meet the client's needs with the existing resources.</p>



Further Reading

The legislation and code of conduct below are examples of legal and ethical considerations relevant to poverty, housing issues and lack of access to resources:

[Convention on the Rights of Persons with disability \(CRPD\)](#)

[Disability Service Safeguards - Code of Conduct](#)

The legislation below safeguards the rights of older people to have access to the resources and services they need that the government must provide:

[Quality of Care Principles 2014](#)

- **Individual indicators**

Individual indicators refer to personal factors that suggest a person may have unmet needs (e.g. medical conditions, additional needs). Examples of individual indicators are worsening medical conditions and deteriorating quality of life.

Older people and persons with disability may have medical conditions that need immediate medical attention. When their medical needs are not addressed immediately and adequately, it can worsen their condition. This can lead to more serious risks and issues, resulting in their deteriorating quality of life. Low quality of life can impose additional limitations on the ability and capacity of older people and persons with disability. These limitations can trigger their behaviours of concern as their response to the concern.



- **Relational indicators**

Relational indicators refer to relationship factors that suggest a person may have unmet needs. This includes social inclusion and a person's participation in their community. An example of an indicator is when the person's support system has difficulty understanding the person with specific communication needs.

Inclusion means everyone can participate in society regardless of race, sex, religion, beliefs, or ability. Inclusion for persons with disability means they can still work, study or do activities equally with people without disabilities.

Social inclusion is included within the community. An inclusive society welcomes and respects people of all abilities. This society allows all people to participate in their community. A person's need for community participation will not be met when socially excluded.

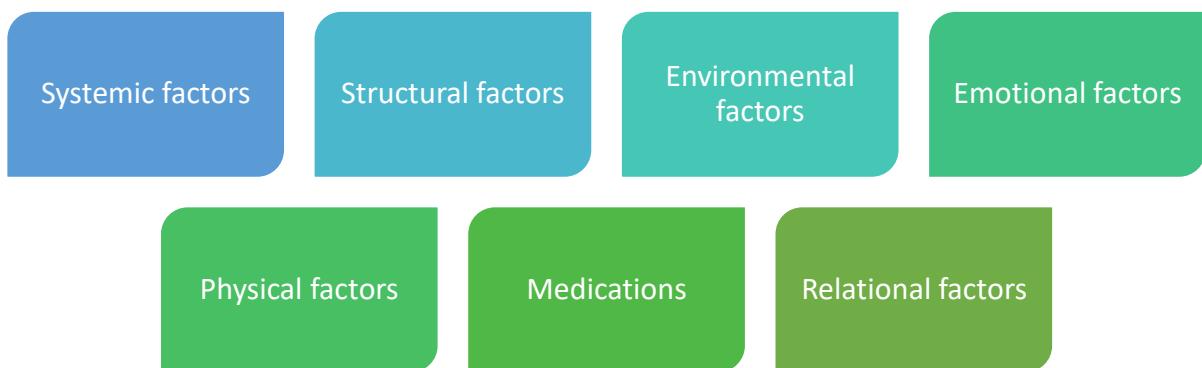
▪ **Cultural indicators**

Cultural indicators refer to social group factors that suggest a person may have unmet needs. For instance, being part of a minority group (e.g. ethnic group) increases the likelihood that their needs are not being met. Historically, ethnic group minorities have more difficulties accessing services due to the following reasons:

- Having a lack of culturally sensitive services, especially in the healthcare sector
- Being stereotyped
- Experiencing racism

Another indicator is when the person has difficulty joining social groups due to discriminatory attitudes and remarks.

The presence of certain factors can aggravate behaviours of concern. Below are the factors that may contribute to these behaviours:



▪ **Systemic factors**

Systemic factors refer to social, economic or political factors that influence behaviours of concern. For instance, these are policies, processes and practices of institutional systems. These may be systems of governments, companies and schools that may not be accommodating toward people with disability. Often, these systems reflect social devaluation.

Social devaluation is the systemic belief that a group or person has less social value than others. For example, a person with disability's social identity diminishes based on their impairment. Another example is seeing older people having less value since they cannot participate more in the workforce. Such devaluation can negatively affect the individual or group that experiences it. In particular, it negatively impacts the person's quality of life.

Quality of life refers to how a person perceives they are healthy, comfortable, and able to enjoy life. A socially devalued person is less likely to enjoy life because they have fewer opportunities and are recognised less for their accomplishments. They can also experience stress, anxiety, and depression due to feelings of isolation and exclusion.

Below are other ways that social devaluation can negatively impact aspects of older people's and person with disability's quality of life:

Aspects	Negative Impact
Skills improvement	Social devaluation hinders individuals from developing their skills because their self-esteem is diminished. Someone with low self-esteem would be less likely to develop their skills.
Mental health	Social devaluation increases the likelihood of individuals experiencing stress, anxiety, and depression. These mental states typically stem from feelings of isolation and non-inclusiveness.
Employment opportunities	Social devaluation creates limitations that prevent the individual from accessing employment opportunities. Offices may not have services that provide ramps, elevators, or assistive technology. Negative perceptions of people with disability or those who are beyond the usual employment age but still can work may cause employers to avoid hiring them.
Educational opportunities	Social devaluation creates limitations that prevent the individual from accessing educational opportunities. Teachers may not have the training to accommodate people with disability. There may not be anti-discriminatory policies in place to protect people with disability.





▪ Structural factors

Structural factors refer to the way things are arranged and organised in society. These are factors related to how social groups interact within a greater social structure. The way things are structured in society (e.g. social norms) may reflect discrimination.

Discrimination is the unjust, unfair, and prejudicial treatment of people on the grounds of sex, race, background, beliefs, or, in this case, disability and limitations caused by ageing. Based on the Disability Discrimination Act 1992, discrimination comes in two forms:

- **Direct disability discrimination** – This occurs when a person with disability is treated worse than another person. The following conditions must be met for an action to be considered direct disability discrimination:
 - The discriminator either treats or proposes to treat the person with disability less favourably than a person without disability under circumstances that are not materially different.
 - The discriminator either does not make or refuses to propose reasonable adjustments for the person with disability.
 - The failure to make reasonable adjustments would cause the person with disability to be treated less favourably than a person without disability under circumstances that are not materially different.

- **Indirect disability discrimination** – This occurs when a policy or requirement puts the person with disability at a disadvantage. The following conditions must be met for an action to be considered indirect disability discrimination:

- The discriminator either requires or proposes to require the person with disability to fulfil a requirement or condition, except for the following:

The person with disability either cannot or is not able to comply with the requirement or condition due to their disability.

The requirement or condition is likely to put the person with disability at a disadvantage.

The person with disability can meet the requirement or condition if they are given reasonable adjustments, but the discriminator either does not do so or proposes not to do so.

- The lack of reasonable adjustments puts the person with disability at a disadvantage.

Based on content from the Federal Register of Legislation at 26 February 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. Disability Discrimination Act 1992, used under CC BY 4.0

Older people also experience discrimination in various forms. The Australian Institute of Health and Welfare report states that discrimination makes participating in activities difficult for people, including older Australians aged 65 and over. It restricts older people's participation and inclusion in different aspects of life. Common perceptions about older people limit them to being less deserving, incapacitated, and often in need of protection. These limitations expose older people to different forms of abuse, neglect and exploitation.

Based on Australian Institute of Health and Welfare material. Older Australians, used under CC BY 4.0.

Discrimination against older people and persons with disability would result in many strong emotions, like anger, frustration and embarrassment. This will also make them feel that they lack a valued social role. These strong emotions can serve as catalysts for the behaviours of concern.

The other factors contributing to the behaviour of concern will be discussed in the succeeding subchapters:

Environmental factors

- Subchapter 2.4

Emotional factors

- Subchapter 2.5

Physical factors

- Subchapter 2.6

Medications

- Subchapter 2.7

Relational factors

- Subchapter 2.8

In this chapter, you will learn how to:

- Identify behaviours of concern in the individualised behaviour support plan
- Establish the events before, during and after the behaviour of concern
- Identify the type, frequency and triggers of the behaviour
- Identify environmental factors affecting the behaviour
- Identify emotional wellbeing aspects affecting the behaviour
- Identify health aspects affecting the behaviour
- Identify the impacts of medication on the behaviour
- Identify personal and social circumstances affecting the behaviour
- Record observations related to the behaviour

2.1 Identify Behaviours of Concern in the Individualised Behaviour Support Plan



A person receiving behaviour support will have an individualised behaviour support plan (BSP). Recall that an individualised BSP is a comprehensive document that contains crucial information about the person, which will aid the support worker in providing behaviour support. One of the pieces of information contained in the BSP is the person's record of behaviours of concern.

In this context, *refer* means to read a source of information to learn about something. You will refer to the person's BSP to recognise their behaviours of concern.

Some information in the BSP that can help you recognise the person's behaviours of concern are:

- The types of behaviours of concern exhibited by the person
- The triggers of the person's behaviours of concern
- The frequency of occurrence of the person's behaviours of concern

The types, triggers and frequency of a person's behaviours of concern will be discussed in more detail in Subchapter 2.3.

Once you have read the above information in the BSP, it will be easier for you to recognise when a person is exhibiting the behaviours of concern. You will know what steps to take to help minimise behaviours of concern. You will also learn how to prevent the escalation of behaviours of concern. In essence, you will be prepared.



Lotus Compassionate Care

Access and review sample behaviour support plans on the Lotus Compassionate Care website below:

[Client Records](#)

(username: newusername password: newpassword)



Checkpoint! Let's Review

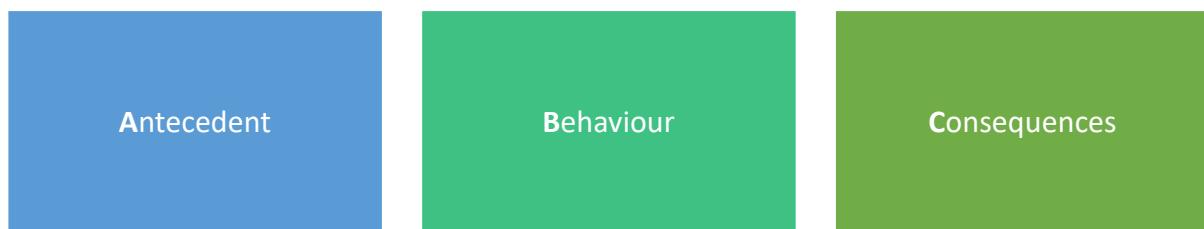
1. One of the pieces of information contained in the BSP is the person's behaviours of concern. You will refer to the person's BSP to recognise a person's manifestation and triggers of behaviours of concern.
2. Some information in the BSP that can help you recognise the person's behaviours of concern are the following:
 - The type of behaviours of concern exhibited by the person
 - The triggers of the person's behaviours of concern
 - The frequency of the occurrence of the person's behaviours of concern



2.2 Establish the Events Before, During and After the Behaviour



Behaviours of concern do not appear without reason. As mentioned in the chapter opener, it is crucial to understand the context of these behaviours. To know more about the behaviours of concern, you must look into the ABC:



The *antecedent* is the event that happened before the behaviour of concern. Antecedents are also referred to as triggers of the behaviour. Establishing antecedents ensures that you better understand why the behaviour of concern occurred. You will also recognise what triggers the person's behaviour. Once you establish these facts, you will have an idea of what triggers to look out for to help minimise the occurrence of the behaviours.

To establish the event that happened before the behaviour of concern, you must ask the following questions:

- Was the person alone or with another person?
- If the person is alone, what were they doing at the time? What were they doing or talking about if they were with someone else?
- Where was the person when the behaviour of concern happened?
- What were the signs indicating that behaviour of concern would occur?
- When did the person start showing signs of impending behaviour of concern?

After noting down information about the **antecedents**, you must find out about the events during the behaviour of concern. To do this, you must look into the incident itself. You must identify the client's **behaviours** to understand what happened. To establish the events that occurred during the behaviour of concern, you must ask these questions:

- What type of behaviour of concern did the person exhibit?
- What did the person do during the incident?
- How long did the behaviour of concern last?
- Were there any interventions applied? If so, what were these interventions?

Lastly, you must look into the consequences of the behaviour of concern. **Consequences** are the events that happened after the behaviour of concern. These events are the result of the incident. Some examples of possible consequences include the person missing their health appointments, missing medication, and lack of engagement in their program. Knowing about the consequences allows you to evaluate how serious the incident was and how urgently it must be addressed. To establish the events that happened after the behaviour of concern, you must ask these questions:

Was there anyone who got hurt during the incident?

What was the person's response after the incident occurred?

What were the staff's response to the incident?

Consider the case study below. After reading the passage, try to answer the questions from the previous pages to establish the ABC of the person's behaviour of concern.

The ABC of the Behaviour of Concern

Jenna is a support worker working with Melba, an 80-year-old diagnosed with dementia. She is also diagnosed with arthritis, making it difficult for her to move around. As such, she needs to use a walking frame to aid her.

It is part of Melba's routine to walk around the premises of her residential aged care facility. Jenna and Melba usually go on walks in the afternoon. One time during lunch, Melba wanted to skip her meal and go on a walk instead. Jenna reminded her that she needed to take her meal first before they could go on a walk. Melba repeatedly asked the same question, to which Jenna replied the same. Feeling increasingly frustrated, Melba resorted to aggressive physical behaviour to express herself. She flung her plate away and threw her walker, which hit another resident.

In Melba's individualised plan, Jenna read that she responds best to a soothing tone and touch when she is agitated. Jenna talked to her gently and explained that she understood her frustration to calm Melba down. All the while, she gently rubbed her arm to provide comfort.

Once Melba calmed down, she apologised and proceeded to eat her meal. Then they went on a walk as promised. Jenna filled out an incident report form and reported the incident as required to her supervisor.

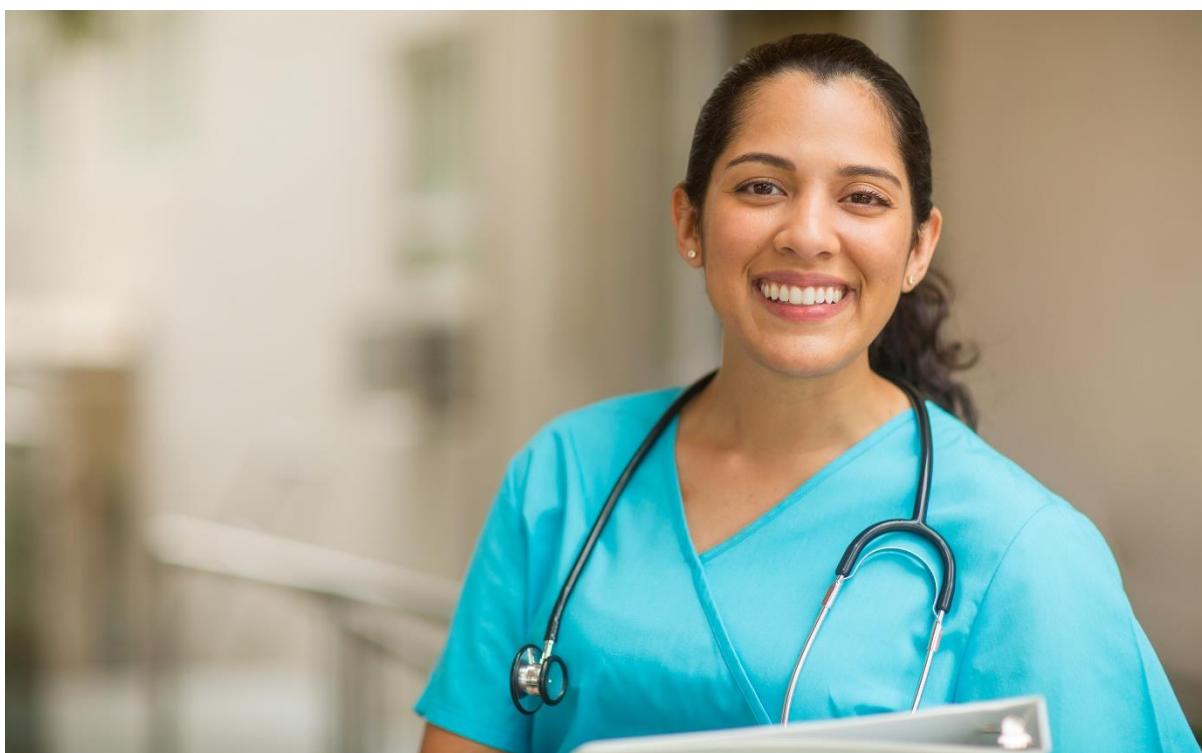
Once you know the ABC of the behaviour of concern, you will better understand the events surrounding the incident. This information will be helpful to you later on as you provide the person with positive behaviour support.



Checkpoint! Let's Review



1. To know more about the behaviour of concern, you must look into the ABC:
 - Antecedent
 - Behaviour
 - Consequences
2. The antecedent is the event that happened before the behaviour of concern. Antecedents are also referred to as triggers of the behaviour.
3. After identifying the antecedent, you must look into the incident itself. You must identify the client's behaviours to understand what happened.
4. Consequences are the events that happened after the behaviour of concern. These events are the result of the incident. Knowing about the consequences allows you to evaluate how serious the incident was and how urgently it must be addressed.



2.3 Identify the Type, Frequency and Triggers of the Behaviour



Another way to establish the context of the behaviour of concern is to know its type, frequency and associated triggers. To identify the type, frequency and triggers of the behaviour of concern, you can refer to the person's BSP. This information is helpful because of the following:

- It lets the support worker know what behaviours of concern to anticipate
- It helps the support worker be more prepared to deal with the behaviours of concern when these occur
- It helps lessen the risk of the behaviour by avoiding the identified triggers

In general, the behaviours of concern can be categorised broadly into the following types:

- Self-injurious behaviour (e.g. hurting one's self, hitting head)
- Aggressive behaviour (e.g. hurting other people, punching others)
- Sexual behaviour (e.g. groping others)
- Destructive behaviour (e.g. destroying property, throwing things)
- Disruptive behaviour (e.g. throwing tantrums, not following instructions)
- Impulsive behaviour (e.g. running away)
- Stereotyped or repetitive behaviour (e.g. saying or doing the same thing repeatedly)
- Isolating behaviour (e.g. hiding away from people)

Frequency refers to how often the behaviour occurs. Frequency can refer to how many times a particular type of behaviour of concern occurs daily, weekly, or within a specified time range.

Triggers refer to specific events that caused the behaviour of concern to occur. The presence of triggers is linked with the frequency of the behaviour of concern. The more the triggers are present, the more frequently a behaviour of concern is expected. Thus, it is ever important that you identify the triggers for each type of person's behaviour of concern. This is to help you prepare to eliminate, reduce, or plan your intervention with those triggers.

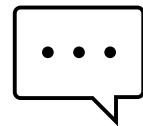
Below are some examples of possible triggers for older people and people with disability:

Type of Behaviour of Concern	Examples of Triggers
Self-injurious behaviour	<ul style="list-style-type: none"> ▪ Inability to express themselves ▪ Inability to do the activity that they want ▪ Feelings of helplessness or depression
Behaviours that destroy property	<ul style="list-style-type: none"> ▪ Sudden change in environment or routine ▪ Too much or too little stimulation ▪ Lack of cues or ways for them to orient themselves
Aggressive behaviour	<ul style="list-style-type: none"> ▪ Pain, such as headaches or body aches ▪ Separation from a loved one ▪ Mess or clutter

Other than reading the individual plans, there are different ways to identify triggers. You can do the following:

- **Observe the person closely.** When you spot an instance of an identified behaviour, take note of what caused it. This could be an event that happened right before or much earlier. This could also be something about the surroundings. In this case, an environmental risk assessment may be done to identify stimuli (e.g. sounds, lights, etc.) that can be triggering for the person.
- **Ask other care team members about what they have observed about the person.** You can also ask the person's family members.

- **Read up on the medication that the person is taking.** Check if the medication has any behavioural side effects.
- **After a behaviour has passed and the person is calm enough to discuss things, conduct a life space interview.** This interview allows the person to talk about what happened. It also rebuilds relationships that were fractured, particularly when certain behaviours of concern occurred (e.g. particularly, aggression).



Checkpoint! Let's Review

1. Knowing the type, frequency, and triggers of the behaviour of concern is helpful because:
 - It lets the support worker know what behaviours of concern to anticipate
 - It helps the support worker be more prepared to deal with the behaviours of concern when these occur
 - It helps lessen the risk of the behaviour by avoiding the identified triggers
2. The types of behaviours of concern are the following:
 - Self-injurious behaviour
 - Aggressive behaviour
 - Sexual behaviour
 - Destructive behaviour
 - Disruptive behaviour
 - Impulsive behaviour
 - Stereotyped or repetitive behaviour
 - Isolating behaviour
3. *Frequency* refers to how often the behaviour occurs.
4. *Triggers* refer to specific events that caused the behaviour of concern to occur. The more the triggers are present, the more frequently a behaviour of concern is expected.

2.4 Identify Environmental Factors Affecting the Behaviour



To better understand the person and the reasons for their behaviours of concern, you must look into external factors that may contribute to their behaviour. One of these factors is environmental. *Environmental factors* collectively refer to the location, the people, the time and the elements present in the person's physical surroundings (e.g. noise, light).

In general, environmental factors affect older people and Persons with disability in two ways:

- **The person's experience of disability is felt at the body level.**

Environmental factors can affect the way a person with disability's body functions. Some disabilities make a person more sensitive to sudden changes or overstimulation from the environment. For a person with attention deficit hyperactivity disorder (ADHD), loud noises or crowded places can cause overstimulation or feeling overwhelmed by their surroundings. Overstimulation leads to sensory overload, in which the brain cannot process all the sensory inputs it gets. Sensory overload causes mild to intense discomfort. This discomfort is sometimes expressed through behaviours of concern (e.g. aggression).

- **The person's activities and the areas of life they participate in are affected.**

An environment that is not sensitive to the needs of older people and Persons with disability will limit the activities the person can participate in. For example, if buildings do not have ramps and elevators, it is difficult for a person using a wheelchair or having trouble walking to get from one-floor level to the next. When a person cannot go somewhere they want to go or do activities they want to do, they may express their frustration through behaviours of concern.

For the reasons mentioned above, you must be able to identify the environmental factors that influence the person's behaviour of concern. Doing so will help you understand and address their behaviour.

The following table below shows environmental factors and aspects that can influence a person's behaviour:

Environmental Factor	Aspects of the Environment That Can Influence the Person's Behaviour
Location	<ul style="list-style-type: none"> ▪ There is a lack of access to a location (e.g. the person cannot get somewhere or reach something). ▪ The location has elements that are triggering to the person (e.g. large crowd, noises, clutter). ▪ The environment is unfamiliar. ▪ There is a lack of personal space
People	<ul style="list-style-type: none"> ▪ The people around the person do not provide the necessary support for the person's needs. ▪ The people working with the person do not explain what needs to be done (e.g. doing things <i>for</i> the person instead of <i>with</i> the person). ▪ There are too many or too few people in the environment (i.e. overstimulating and under-stimulating environments). ▪ The people surrounding the person talk down to them and make them feel unimportant. ▪ The person experiences interpersonal difficulties with the people around them.

Environmental Factor	Aspects of the Environment That Can Influence the Person's Behaviour
Time	<ul style="list-style-type: none"> ▪ The person does not know what is happening next, which may make them feel anxious. ▪ An activity is too long or too short, which results in boredom.
Other Elements in the Environment	<ul style="list-style-type: none"> ▪ The temperature is too hot or too cold. ▪ Some sensory inputs can result in sensory overload (e.g. noise, clutter, bad smell). ▪ There are unexpected changes in routines.

The above environmental factors are not always easy to identify. Thus, it would be best if you used several strategies to get the complete picture. To identify the environmental factors and their influence on the person's behaviours of concern, you must do the following:

- Read the person's BSP to check for information on the person's behaviours of concern and the environmental factors that influence these behaviours.
- Observe the person closely. When you spot an instance of an identified behaviour, take note of the things in the environment that may have influenced the behaviour to happen.
- Ask other members of the care team or the person's family members for more information.
- After a behaviour has passed, ask the person to talk about what caused it. Do this when they are calm enough to discuss it with you. They may be aware and able to tell you the environmental factors that influenced their behaviour.
- Use the ABC charts to record the person's behaviours. Consistent recording helps identify patterns and other contributing factors to the person's behaviours of concern. This information will assist BSP consultants when developing BSPs later on. Remember to follow your organisation's policies and procedures when using ABC charts.

Checkpoint! Let's Review



1. To better understand the person and the reasons for their behaviours of concern, you must look into external factors that may contribute to their behaviour.
2. *Environmental factors* collectively refer to the location, the people, the time and the elements present in the person's physical surroundings (e.g. noise).



2.5 Identify Emotional Wellbeing Aspects Affecting the Behaviour



As mentioned previously, behaviours of concern are also indicators of something that a person cannot express. Sometimes, the behaviours occur because the person does not feel well emotionally (e.g. they are experiencing anxiety/frustration/depression), and they cannot communicate it.

A person's *emotional well-being* refers to the balance of positive and negative feelings they experience in life and their perceived feelings of happiness and satisfaction. There are many aspects or factors of a person's emotional well-being. However, the factors that contribute to behaviours of concern are often related to the person's mental and emotional states. Specifically, these factors include positive emotional states (e.g. happiness), negative emotional states (e.g. sadness) and mental illnesses.

As mentioned, the factors of emotional well-being that can influence a person's behaviour of concern are as follows:

- **Positive emotional states**

Positive emotional states refer to the person's experiences of pleasant and desirable emotions at a specific period. Positive emotions include happiness, contentment and interest, among others. In the context of providing support to older people and Persons with disability, a person who has their needs met is more likely to experience positive emotions. In addition, they are less likely to exhibit behaviours of concern.

- **Negative emotional states**

Negative emotional states refer to the person's experiences of unpleasant and unhappy emotions at a specific period. Negative emotions include anger, sadness and anxiety, among others. They may also experience difficulties with emotion regulation.

Negative emotions occur due to different reasons. One of them is when a person has unmet needs. When a person has needs that are not being met, they often experience negative emotions. As a result, they are less likely to feel happy and satisfied with life.



Negative emotions may also affect their confidence and self-esteem, particularly when the negative feelings are directed towards themselves. For people who feel unhappy and dissatisfied due to unmet needs, exhibiting behaviours of concern is their way to express how they feel.

- **Mental illnesses**

Some disabilities are associated with other mental health problems. For instance, people with learning disabilities are at a higher risk of developing mental health issues. Comorbid psychiatric disorders (e.g. bipolar disorder, autism spectrum disorder) are commonly seen in individuals with intellectual disabilities. Dual diagnoses are often due to different biological, environmental and social factors (e.g. genes, poor interpersonal relationships, poverty).

A person's ability to appropriately express symptoms of their mental illness is related to the severity of their disability. For example, a person diagnosed with both mild learning disability and depression may exhibit low mood. They may also verbalise their emotions. However, a person with limited language skills cannot do the same. Instead, they may use non-verbal means to express what they are going through. Thus, feelings of depression may be expressed through concerning behaviours like aggression or impulsive behaviour.

Emotional factors are subjective to the person. Thus, these factors can be difficult to identify through observation alone. You must also consult relevant people or documents to get the complete picture.

To identify the aspects of the person's emotional well-being and their influence on the person's behaviours of concern, you must do the following:

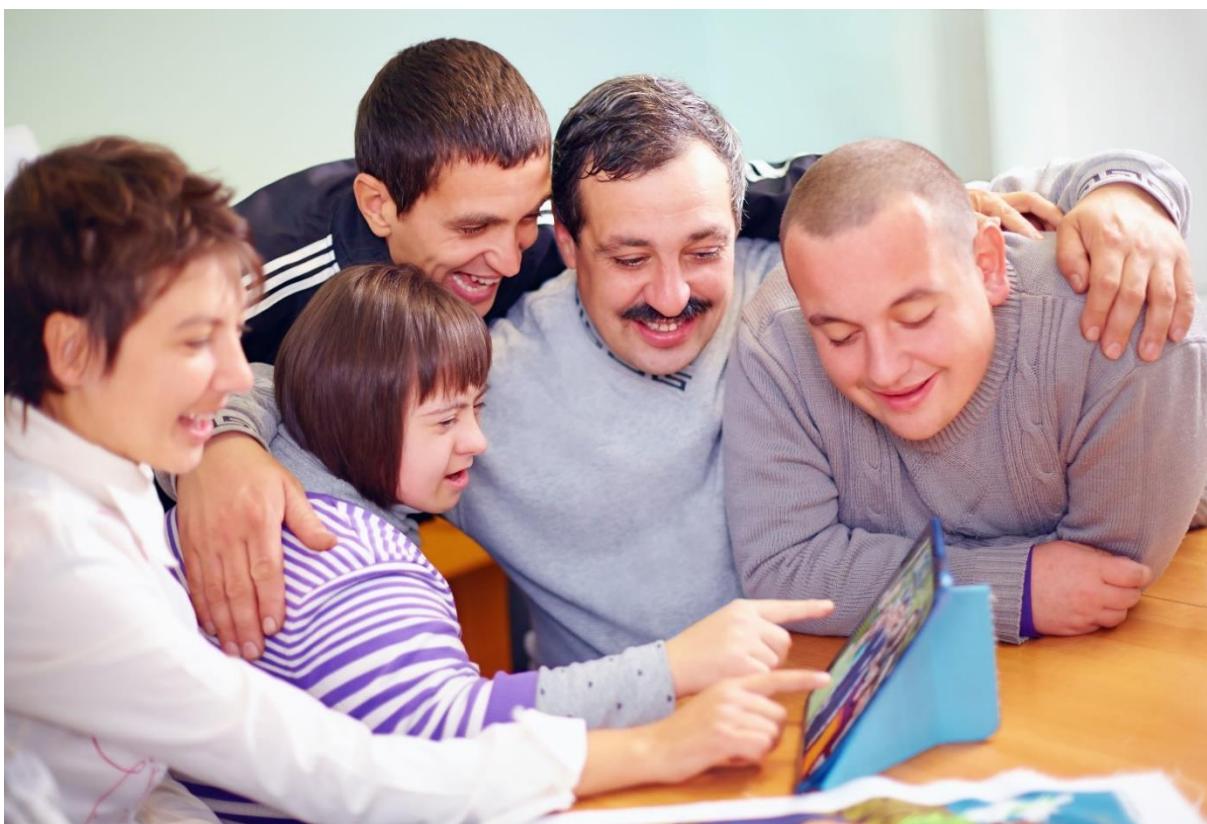
- Observe the person closely during occurrences of the behaviour of concern. In your observations, take note of the following:
 - **The person's facial expressions** – These can indicate their emotional state at the time when the behaviour of concern happened (e.g. eyebrows pulled close together, signalling anger).
 - **The person's gesture/body movement** – These can also indicate their emotional state during the occurrence of the behaviour of concern (e.g. fists closed, signalling anger or frustration, fidgeting hands, signalling nervousness or impatience).
 - **The person's behaviour** – Their behaviour can reveal their emotional state at the time when the behaviour of concern happened (e.g. agitated movements, moving all over the place)
 - **The person's verbalisations** – These can indicate the person's emotional state when the behaviour of concern happens (e.g. shouting).
- Read the person's BSP to check for information on the person's behaviours of concern and the emotional aspects (triggers) that influence these behaviours.
- Ask other members of the care team or the person's family members for more information.
- Ask the person to talk about what caused the behaviour after it has passed. Do this when they are calm enough to discuss it with you. They may be aware and able to tell you the emotional aspects that influenced their behaviour.
- Use the ABC charts to record the person's behaviours. Consistent recording helps identify patterns and other contributing factors to the person's behaviours of concern. This information will assist BSP consultants when developing BSPs later on. Remember to follow your organisation's policies and procedures when using ABC charts.



Checkpoint! Let's Review



1. A person's *emotional well-being* refers to the balance of positive and negative feelings they experience in life and their perceived feelings of happiness and satisfaction.
2. The factors that contribute to behaviours of concern are often related to the person's mental and emotional states, like the following:
 - Positive emotional state
 - Negative emotional state
 - Mental illnesses



2.6 Identify Health Aspects Affecting the Behaviour



Aside from emotional well-being, the person's physical factors also influence their behaviour. *Physical factors* are related to the person's body and overall physical well-being. If the person does not feel well physically (e.g. they experience pain associated with their disability), they may communicate their experience through behaviours of concern.

Health status is the physical state of the person. Health status comprises several factors related to the person's body and overall physical well-being. Some of these factors influence the person's behaviours of concern and include the following:

- **Age**

A person's age can influence their behaviour. For example, age-related disabilities like dementia are associated with a higher occurrence of behaviours of concern. Behaviours of concern may include agitation and wandering. As the illness progresses, the person's behaviours of concern also increase in frequency.

- **Diet**

Poor diet and other nutrition-related concerns (e.g. poor appetite) can affect the person's behaviour. In particular, poor diet is associated with behavioural problems, sleep problems and negative mood (e.g. irritability). In addition, hunger and thirst can be possible triggers for concerning behaviour. For instance, a hungry person who cannot express their need for sustenance can resort to behaviours of concern to communicate their needs. They may start throwing things to express their hunger or frustration with not being able to eat on time or when they want to.

Other factors that can affect diet are medical diagnoses. For example, a person with diabetes will have a more restrictive diet. In turn, a restricted diet can affect their mood. Thus, it is important that support staff are aware of such medical diagnoses and follow the person's existing medical plans (e.g. diabetes meal plan).

- **Sleep**

As with diet, sleep can greatly affect a person's behaviour. People who lack sleep, especially for prolonged periods, experience increases in negative moods. They may feel more irritable, frustrated, angry or sad. Behaviours of concern are more likely to occur when the person experiences a negative mood and other triggers.

- **Illnesses or disabilities and their associated factors**



Medications that the person needs to take due to their disability or illness



Pain that the person experiences due to their disability or illness

- **Medications that the person needs to take due to their disability or illness**

A person may be required to take medications to manage certain disabilities and other chronic illnesses. People with cerebral palsy may need to take an anti-convulsant to manage their condition. Others may need to take medications for chronic conditions co-morbid to their disability. An example is an adult with a developmental disability taking medicines for diabetes.

These medications may have side effects that negatively affect mood, appetite and sleep. These negative effects increase the likelihood of behaviours of concern occurring. A more detailed discussion on medication and its influence on behaviour can be found in Subchapter 2.7.

- **Pain that the person experiences due to their disability or other illness**

Pain is a distressing sensation in the body that physically and mentally hurts a person and causes discomfort. Pain negatively affects a person's well-being and functioning. For example, pain may hinder a person from doing their day-to-day tasks. It may also prevent them from enjoying life.

Pain and discomfort are common types of setting events. This means that pain and discomfort, when combined with another trigger, increase the occurrence of behaviours of concern. A person who may not feel bothered by loud noises may suddenly feel upset when they are experiencing pain at the same time.

Most, if not all, of the health aspects mentioned above, are subjective to the person. Physical factors like emotional factors can be difficult to identify through observation alone. You must also consult relevant people or documents to get the complete picture.

To identify the emotional aspects that influence the person's behaviours of concern, you must do the following:

- Observe the person closely during occurrences of the behaviour of concern. In your observations, take note of the following:
 - **The person's facial expressions** – These can indicate physical discomfort or pain at the time when the behaviour of concern happened (e.g. wincing).
 - **The person's behaviour** – This can indicate physical discomfort or pain at the time when the behaviour of concern happened (e.g. clutching a sore body part).
 - **The person's appearance** – This can indicate physical discomfort or pain when the behaviour of concern happens (e.g. paleness, sweating)
 - **The person's verbalisations** – These can indicate physical discomfort or pain when the behaviour of concern happens (e.g. whimpering).
- Read the person's BSP to check for information on the person's behaviours of concern and the health aspects and physical factors that influence these behaviours.
- Ask other members of the care team or the person's family members for more information.



- Ask the person to talk about what caused the behaviour after it has passed. Do this when they are calm enough to discuss it with you. They may be aware and able to tell you the health aspects or physical factors that influenced their behaviour.
- Check the person's existing medical plans (e.g. epilepsy management plan, asthma action plan). These documents can provide information on what signs to look out for (e.g. change in mood or behaviour) and how the support staff can properly respond.
- Use the ABC charts to record the person's behaviours. Consistent recording helps identify patterns and other contributing factors to the person's behaviours of concern. This information will assist BSP consultants when developing BSPs later on. Remember to follow your organisation's policies and procedures when using ABC charts.



Checkpoint! Let's Review

1. The person's physical well-being also influences their behaviour. If the person does not feel well physically, they may communicate their experience through behaviours of concern.
2. *Health status* is the physical state of the person. Health status comprises several factors related to the person's body and overall physical well-being.
3. Some of the health factors that influence the person's behaviours of concern include the following:
 - Age
 - Diet
 - Sleep
 - Illnesses or disabilities and their associated factors (e.g. medication and pain)

2.7 Identify the Impacts of Medication on the Behaviour



Medications and their effects on the person were discussed briefly in the previous subchapter. Recall that a person may have a disability or other illnesses that require them to take certain medications. *Medications* are substances that a person needs to take to treat an illness or manage other medical conditions.

In general, medications can affect how people think and feel. These substances may have an impact on the following:

- The person's mood (e.g. lethargy, irritability)
- The person's feelings about what is happening to them (e.g. frustration when the medications affect their sleeping pattern)
- The person's actions as a response to how they feel (e.g. exhibiting behaviours of concern to express their frustration over the side effects of their medication)

More specifically, medications can impact the person's behaviour of concern in the following two ways:

- The person's current medication plan is affecting them in some way.
- The person lacks access to medication and has unmet or unaddressed medical needs.

The medication in the person's plan may have side effects that influence the person's behaviour. For example, anti-depressants for mental health disorders may have side effects that can negatively affect a person's appetite and sleep. In turn, lack of sleep can make a person irritable. A person who lacks sleep and is presented with other triggers is more prone to exhibiting behaviours of concern.

To identify the impact of medications on the person's behaviours of concern, you must do the following:

- Read the person's BSP to check for information on the person's behaviours of concern and the medication factors that influence these behaviours.
- Ask other members of the care team or the person's family members for more information.
- Find more information about the person's medications. Consider asking the following questions:
 - Was the person taking any medication when the behaviour of concern occurred?
 - If the person is taking medications, did they miss any scheduled dosage?
 - Is the person taking more than their regular dosage?
 - Does the medication have any side effects? If yes, what are these?
 - Did the person have any significant changes in their medication regimen in the last three months?



- Ask the person to talk about what caused the behaviour after it has passed. Do this when they are calm enough to discuss it with you. They may be aware and able to tell you about medication factors that influenced their behaviour.
- Use the ABC charts to record the person's behaviours. Consistent recording helps identify patterns and other contributing factors to the person's behaviours of concern. This information will assist BSP consultants when developing BSPs later on. Remember to follow your organisation's policies and procedures when using ABC charts.

When a person with disability has medications, you need to get hold of medication information sheets. This information sheet will help you identify side effects, contraindications, and other things relevant to the person's medications. Medication information sheets can be accessed in MIMS online or provided by the chemist preparing medications. You may also refer to the leaflet provided with the medication for relevant information (e.g. possible side effects, etc.).



Further Reading

MIMS Online is an Australian pharmaceutical database that provides access to information for over 4,500 prescription and non-prescription drugs. Login credentials are needed for you to access this site:

[MIMS Online](#)



Checkpoint! Let's Review



1. *Medications* are substances that a person needs to take to treat an illness or manage other medical conditions.
2. Medications can affect how people think and feel. These substances may have an impact on the following:
 - The person's mood
 - The person's feelings about what is happening to them
 - The person's actions as a response to how they feel
3. Medications can impact the person's behaviour of concern in two ways:
 - The person's current medication plan is affecting them in some way.
 - The person lacks access to medication and has unmet medical needs.



2.8 Identify Personal and Social Circumstances Affecting the Behaviour



Sometimes, a person's behaviour of concern responds to the personal and social circumstances they are going through. *Personal circumstance* may refer to problems that the person is currently facing. *Social circumstance* can refer to difficulties surrounding the person's relationship with other people in their local community.

Often, a person's personal circumstances play a role in their behaviours of concern. When a person is struggling with something, they might express these feelings of frustration, anger or sadness through their behaviours. Some examples of personal circumstances that can influence a person's behaviour are:

- Death of a loved one
- Abandonment by a loved one
- Financial insecurity
- Homelessness

Family relations also play a significant role in the person with disability's life. For example, family members may have different views on how to support the person with disability's needs. They may also have personal circumstances of their own (e.g. trauma), which can affect their relationship with the person with disability. Relational factors are also important. These are factors related to interactions of people with disability with other people in their local community. Incidences of bullying or harassment will have a great influence on the person with disability's behaviours.

A person's relationships with other people will permanently affect their life. However, the extent of this effect depends on the quality of the relationships shared. In general, positive and supportive relationships with other people positively affect one's life. Negative interactions, on the other hand, negatively influence their lives. If a person lacks positive social relationships, then it can be said that they have unmet relational needs.

Some examples of social circumstances that can influence a person's behaviour are:

Having a lack of support and understanding from other people

Experiencing bullying

Having a lack of social connections

Having difficulties communicating with others

The above social circumstances can make them feel lonely and unvalued. When people feel this way, they may use behaviours of concern to get the attention they need.

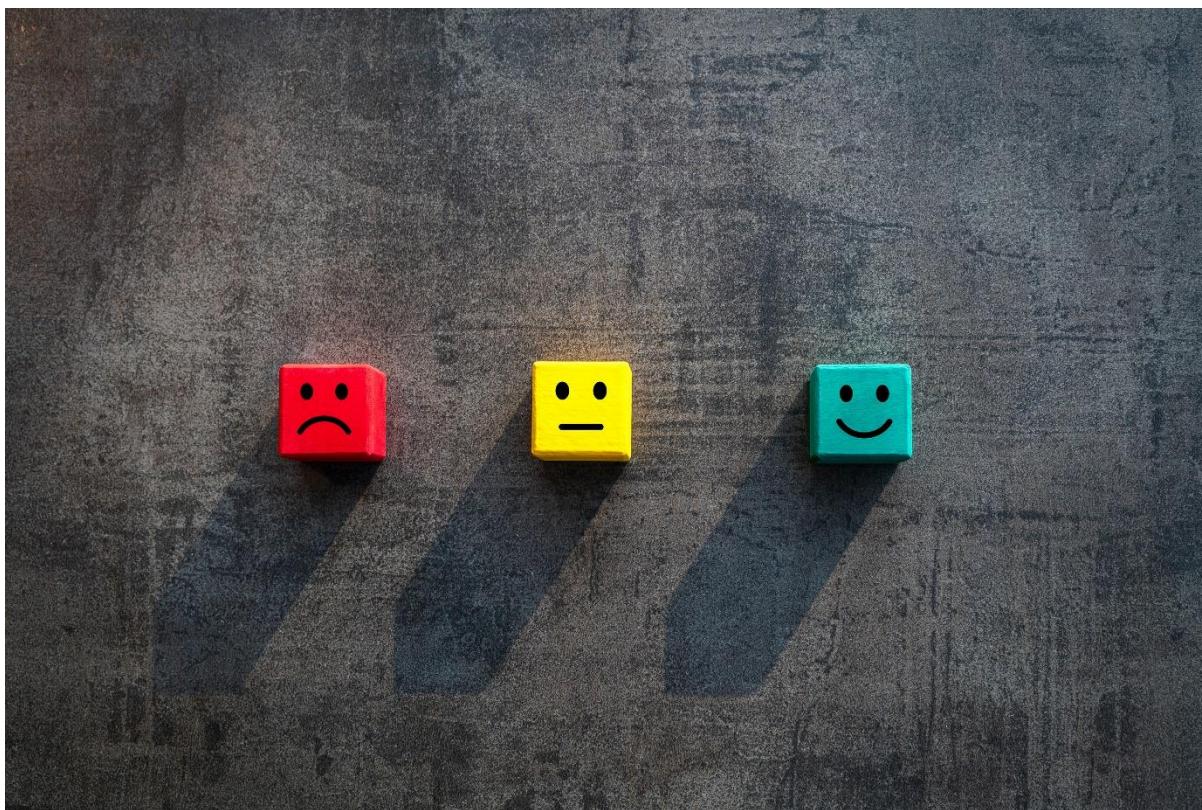
Personal and social concerns are personal matters that can sometimes be difficult for a person to talk about. Remember to exercise empathy and sensitivity when asking questions when identifying these things. To identify the person's personal and social circumstances and their influences on the person's behaviours of concern, you must do the following:

- Ask the person to talk about what caused the behaviour after it has passed. Do this when they are calm enough to discuss it with you. They might be aware and able to tell you if personal or social circumstances influenced their behaviour.
- Find more information about the person's personal and social circumstances. Consider asking the following questions:
 - Is the person currently undergoing any personal or social difficulties?
 - When did these difficulties occur?
 - What is the person feeling about these difficulties?
 - How is the person coping with these difficulties?
- Ask other members of the care team or the person's family members for more information.
- Use the ABC charts to record the person's behaviours. Consistent recording helps identify patterns and other contributing factors to the person's behaviours of concern. This information will assist BSP consultants when developing BSPs later on. Remember to follow your organisation's policies and procedures when using ABC charts.

Checkpoint! Let's Review



1. A person's behaviour of concern can respond to the personal and social circumstances they are going through.
2. *Personal circumstances* may refer to problems that the person is currently facing. When a person is struggling with something, they might express these feelings of frustration, anger or sadness through their behaviours.
3. *Social circumstance* can refer to difficulties surrounding the person's relationship with other people in their local community. Some social circumstances can make them feel lonely and unvalued. When people feel this way, they may use behaviours of concern to get the attention they need.



2.9 Record Observations Related to the Behaviour

To *record* means to write down important information. Records serve as official references for the people involved in behaviour support provision. You must record all your observations related to the person's behaviours of concern. Keeping records is crucial, as this is a way to track any changes in the person's behaviour. There may also be instances where a concerning behaviour occurred that is not previously identified in the BSP.



To record your observations related to the person's behaviours of concern, you must do the following:

- Record observations about the person's behaviours of concern regularly. Some information that you should pay close attention to are the type, frequency and triggers of the observed behaviour. In addition, note down any factors that may contribute to the behaviour of concern. Consistent recording allows you to track any changes to the person's behaviour.
- Use the ABC charts to record the person's behaviours. Consistent recording helps identify patterns and other contributing factors to the person's behaviours of concern. This information will assist BSP consultants when developing BSPs later on. Remember to follow your organisation's policies and procedures when using ABC charts.
- Make sure also to note down any observed changes to the person's behaviours of concern. For example, there may be new triggers not previously identified in the BSP.
- Ensure that the information recorded is accurate and complete.
- Aim to be objective by using language that describes what was seen, observed or heard. Also, use terms that are easily understood. For instance, avoid using medical jargon, which can be challenging to understand for the layperson. Try to keep sentences short and simple. If possible, use common English words and phrases.
- Submit the record to the appropriate person on time. Alternatively, communicate your findings to the appropriate person promptly.

In addition, for your reports to be useful to anyone who may need to access them, they must meet the following criteria:

Accurate

Objective

Detailed

Prompt

- **Accurate** – Your report must provide an exact narration of what happened. It is crucial to ensure that all information you include is correct to ensure the report's accuracy. Accurate reports give the team a clear picture of the events that occurred. Inaccurate information may lead to unnecessary or harmful interventions for the client.
- **Objective** – To be objective means to stick to the facts. An objective report avoids the use of opinions or emotional responses. It is essential to be objective to prevent misinterpretation of facts.
- **Detailed** – Your record must contain all the appropriate details of an event. This means you must include all information that affects the client. This ensures that your report gives a clear picture of the whole incident. Missing details may confuse whoever reads your reports.
- **Prompt** – Your record must be accomplished promptly. Prompt completion of records ensures that the information on the person's BSP can be updated as soon as possible. An updated BSP means that the other team members are informed of any new information regarding the person's care. Thus, support provisions can be adjusted as needed.

Your organisation may have its own template for reporting. There may also be organisational policies and procedures you must follow when reporting the person's changing needs and issues. Make sure to follow all of these.

Lastly, you must make sure to schedule a consultation with your supervisor. This is especially important when new information regarding the person's behaviour is of concern. Consultation with your supervisor ensures the following:

- You can discuss your observations and their implications on the person's needs
- You can talk about how you can adjust the behaviour support you provide, given the information you gathered

Regular meetings with other staff and support team members are also important. This provides an opportunity for everyone to discuss any changes in the person's behaviour or other observations they may have while providing behaviour support.

Checkpoint! Let's Review



1. You must record all your observations related to the person's behaviours of concern. Keeping records is crucial, as this is a way to track any changes in the client's behaviour.
2. For a report to be helpful to anyone who may need to access them, they must be:
 - Accurate
 - Objective
 - Detailed
 - Prompt



Learning Activity for Chapter 2

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.



III. Provide Positive Behaviour Support According to Individualised Behaviour Support Plan



Positive behaviour support is an evidence-based approach that uses strategies and methods which aim to accomplish the following:

- Assist the person in reducing occurrences of behaviours of concern
- Promote the person's quality of life

Positive behaviour support also focuses on addressing the needs of the person so that they can continue developing their skills and help them adjust to their environment. In positive behaviour support, the person is always put at the centre of practice.

Principles are rules of conduct informed by beliefs of what is right and wrong. Principles serve to guide the person's behaviours and attitudes. The following principles are the basis of positive behaviour support:

- Addressing the person's unmet needs and goals by improving their quality of life
- Developing the skills of the person with challenging behaviours to let them experience success and satisfaction
- Working with people relevant to the person's life in assessment, planning and implementation of positive behaviour support strategies
- Using interventions based on the functions of behaviour or on what the behaviour of concern is trying to communicate
- Reducing and eliminating restrictive or aversive interventions

It is important to abide by the principles of behaviour support. Not doing so will lead to negative consequences. Often, a person who exhibits behaviours of concern is trying to communicate a need or feels discomfort from an unmet need. If the person's needs remain unmet, then the behaviour of concern may continue. In addition, the behaviour of concern will not be adequately addressed if the intervention is not appropriate for the behaviour.

Practices refer to the application of principles. In essence, practices are principles translated into actions. Below are some of the practices of positive behaviour support:

- Identify triggers and warning signs (precursors) to the behaviour of concern and apply the proactive strategies as per the client's individualised support plan.
- Support skills development in communicating needs.
- Remain calm and ensure the safety of yourself and others.
- Try to understand the person's needs and their point of view.
- Use active listening and communication skills.
- Redirect the person to a meaningful activity of choice.
- Support skills development in a positive behaviour as per the person's support plan.
- Use effective reinforcers as per the person's individualised plan.
- Maintain routines and a predictable environment.
- Support the development and maintenance of coping skills.
- Acknowledge and encourage the person's positive interactions that result in positive outcomes.
- Encourage and gently support the person to a calmer state.

Some benefits to the person of implementing the above practices include:

Practices	Benefits
Acknowledge and encourage the person's positive interactions that result in positive outcomes.	This encourages the person to repeat positive behaviour in the future since they are rewarded with recognition and encouragement.
Remain calm and ensure the safety of yourself and others.	The support worker needs to be calm and level-headed so that they will not accidentally aggravate the situation. Deescalating the situation will help ensure the safety of the person, the support worker, and everyone in the vicinity.

It is important to remain consistent when applying any of the previously mentioned practices. Consistency ensures that all support staff are responding the same way to the person's needs, which ensures the person's comfort and safety.

Aside from the strategies discussed above, the individual support worker can also use positive lifestyle enhancement strategies when supporting older people and people with disability. *Positive lifestyle enhancement strategies* refer to plans that promote the well-being of an individual and improve their lifestyle. The following are examples of these strategies:

Positive reinforcement

Motivation

Stress management

Engagement in meaningful activities

Supportive relationships

Nutrition

Improvement of the environment and systems

Mitigation of structural issues, including discrimination

- **Positive reinforcement**

Positive reinforcement is the act of giving rewards to a person after they exhibit positive behaviours. This is done to increase the likelihood of the person doing the desired behaviour again. Some positive reinforcement techniques that you can use include commanding and praising the person (e.g. you did well, that was nice, keep it up). You can also show positive emotions and gestures, such as smiling and high-fives.

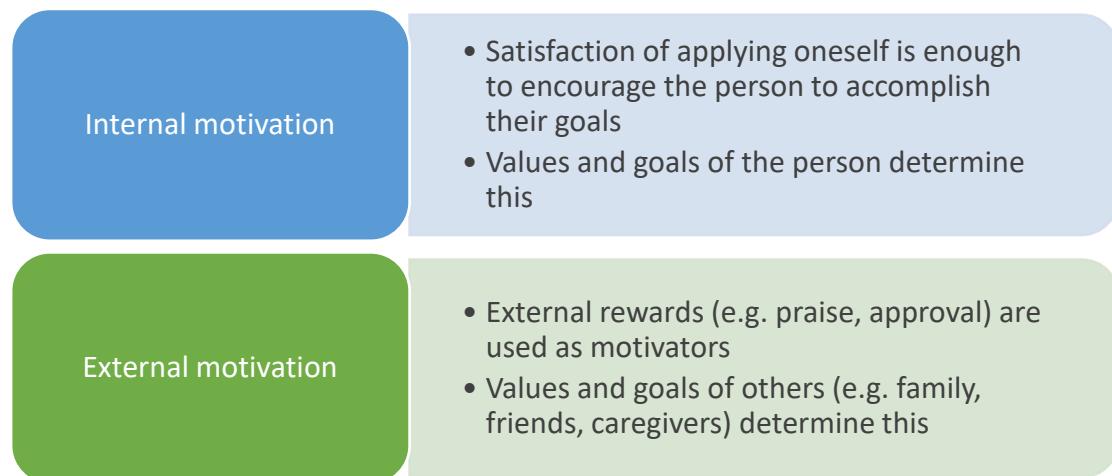
A person with concerns will be encouraged to exhibit desired behaviours since they associate these with a positive outcome. Positive reinforcement can introduce, teach, and/or maintain desired behaviours.

- **Motivation**

Motivation refers to one's commitment to do something. This includes the process of initiating, guiding, and maintaining goal-oriented behaviours. Motivation allows the person to engage in activities and become receptive to strategies designed to assist their care.

If the person is motivated, they will more likely engage in positive behaviour support strategies to reach the goals set in their individualised behaviour support plan.

There are two kinds of motivation:



As a support worker, you must ensure that the person is motivated to achieve their personal and learning goals. Failure to motivate the person can lead to situations where any effort to develop their skills does not impact their quality of life.

To implement strategies that motivate the person, you must be able to do the following:

- **Determine what motivates the person.** Figuring out what kind of motivation the person has can help with how you can implement the skill development strategies.
 - If the person has an internal motivation, you can help maintain their cause by doing the following:
 - Make sure that they enjoy the activities.
 - Reduce any activities they seem to dislike.
 - If the person has an external motivation, ensure that you do the following:
 - Give them positive reinforcement, such as verbal praise or any type of reward system.
 - Have positive social feedback, with their peers recognising their strengths and capabilities.

- **Foster a growth mindset.** A *growth mindset* means that the person can improve their abilities and talents through hard work. Encouraging the person to see struggles as necessary parts of growth can motivate them not to shy away from challenges. Instead of praising their abilities, you must praise their efforts. For example, saying ‘I can tell you have been practising your reading’ is better than ‘You are an incredible reader’.
 - **Develop meaningful relationships with the person.** You should know the person personally to motivate them truly. Understanding their interests, hobbies, fears, and what gets them excited will help you determine what strategies might work to achieve their goals.
- **Stress management**

Taking care of oneself is essential. One way to manage stress is through stress management. *Stress management* is the range of techniques and strategies to control a person’s stress level. These are ways a person can take care of themselves to remain physically, emotionally and psychologically healthy. People can attend to their tasks and responsibilities when they are healthy. They can do their job well and do the things they need to do. When a person’s stress levels are managed and healthy, they can lead a positive lifestyle.

In addition, poor mental well-being can contribute to behaviours of concern. Thus, managing stress, which improves one’s mental well-being, can help minimise behaviours of concern.

Stress management includes strategies such as meditation, self-talk and breathing exercises. The techniques also serve to regulate one’s emotions. In the disability and aged care support context, support staff may help the person to learn how to self-regulate. This practice is called *co-regulation*. In co-regulation, the person is assisted in identifying which strategy can help them self-regulate.



- **Engagement in meaningful activities**

Promoting a positive lifestyle means engaging in meaningful activities. These can be activities the person enjoys most, like hobbies or pastimes. These can also be competency and image-enhancing activities or those activities that recognise and best use the person's strengths and capabilities outlined in the person's individualised BSP.

Engaging in meaningful activities allows the person to participate in structured and predictable activities that may help them transition toward exhibiting desired behaviours.



- **Supportive relationships**

Supportive relationships are relationships that the person has with their family, carers, friends, and significant others that provide practical and emotional support. These are healthy interactions that promote trust and understanding between the person and the important people in their lives.

Supportive relationships are essential to a person's emotional well-being. For one, supportive relationships let the person know they have someone to rely on when in crisis. In addition, they also have someone to cheer them on in their endeavours. This way, they feel a sense of confidence and security, which can positively influence them.

- **Nutrition**

A positive lifestyle also means adopting healthy nutrition and lifestyle choices. This includes consuming adequate nutrients, minerals, fibre, proteins, carbohydrates, fats, and water, as prescribed in the person's health plan.

Inadequate nutrition has links to behaviour issues. Thus, following the nutrition plan outlined in the person's individualised behaviour support plan can improve the person's overall disposition.

- **Improvement of the environment and system**

Environmental improvement refers to modifications in the physical surroundings to help the person maintain their quality of life, regardless of their disability and other limitations. Modifications in the environment may refer to installing person with disability and older people-friendly structures that allow ease of access (e.g. ramps and elevators).

Modifications can also be made at the person's home by installing grab rails and handheld showers. An environment responsive to the person's needs allows them to move freely and do what they need to do.



Modifying the environment can reduce the likelihood of the person exhibiting behaviours of concern due to an antecedent, a trigger that can sometimes be found in the environment.

Systems improvement refers to addressing issues within a system founded on discriminatory principles toward older people and persons with disability. An example is making modifications in institutional systems' policies, processes, and practices. These may be systems of governments, companies and schools. It is vital to check the systems in place because if these are not inclusive, they will prevent the person from accessing the services they need.

A systemic issue can be a lack of employment opportunities for persons with disability. As for older people, it can be a lack of recreational or personal opportunities which encourages their social involvement. Improving the system to accommodate older people and persons with disability will prevent the person from remaining in an isolated setting and make it easier for them to exhibit desired behaviours while participating in the community.

- **Mitigation of structural issues, including discrimination**

Structural issues refer to problems related to how society is structured or organised. This may refer to social structures (e.g. discrimination, ableism) or physical structures (e.g. lack of older people and person with disability-friendly establishments).

Discrimination refers to a culturally ingrained belief wherein older people and Persons with disability should be subject to prejudicial treatment based on characteristics such as race, gender, age and physical or mental condition.

To address discrimination would mean addressing issues of discrimination, which is the unjust treatment of specific groups of people within and/or between social structures.

Seeing older people and Persons with disability as individuals with their own skills, knowledge, and capabilities despite their physical or mental limitations is one way of addressing prejudice against them.

Treating the person in a non-discriminatory manner will help ensure that the needs, wants, and preferences outlined in the individualised behaviour support plan will be respected and fulfilled. The fulfilment of their needs can aid them in adapting to their community and exhibiting desired behaviours within that community.

Meanwhile, *ableism* refers to culturally ingrained beliefs wherein people with disability are considered inferior to those without disabilities. These structural issues are detrimental to a person with disability's development. These also trample on their human rights and prevent them from being treated the same way as others. For these reasons, it is crucial to address these structural issues immediately. Doing so ensures that the Persons with disability' well-being is promoted and their lifestyle improved.

To address ableism would mean addressing ableist perceptions within and/or between social structures. Treating the person in a non-ableist manner will ensure that their needs are met without compromising their independence. They are more likely to maintain positive behaviours independently if their independence is maintained.



Further Reading



For a detailed list of resources you can refer to for positive behaviour support, go to the links below:

[Behaviour support plans](#)

[Positive behaviour support](#)

You can also access the Compendium of Resources for Positive Behaviour Support on the link below:

[Understanding behaviour support and restrictive practices - for providers](#)

In this chapter, you will learn how to do the following:

- Consult with the in identifying interventions to address behaviours of concern
- Implement behavioural support strategies
- Ensure Alignment of Interventions With the Plan, Policies and Procedures
- Ensure the safety of the person, self and other people
- Respond to critical incidents according to organisational policies and procedures
- Monitor strategies to determine effectiveness
- Identify and report any changes in the person's needs and behaviours
- Make referrals according to organisational policies and procedures



3.1 Consult With the Person in Identifying Interventions to Address Behaviours of Concern



As discussed in Chapter 1, you must apply the person-centred approach when providing behaviour support. Collaboration is one of the main thrusts of the person-centred approach. This means that you will work closely with the person and consult them about their needs and preferences regarding their care.

In positive behaviour support, one of your goals would be to assist the person in reducing occurrences of behaviours of concern. Reducing occurrences of behaviours of concern includes using appropriate interventions in line with the person's wishes and preferences. In this context, *interventions* refer to actions taken to prevent or address the person's behaviours of concern. In line with this, you and the person must discuss what interventions to use. This ensures that the interventions you provide remain person-centred.

Examples of interventions include the following:

- Restrictive practices
- Positive lifestyle enhancement strategies
- Positive, proactive approaches

These interventions will be discussed in the sections that will follow.

3.1.1 Behaviour Support Plan (BSP) and Restrictive Practices



Reiterating from Subchapter 1.1, a behaviour support plan (BSP) is a document that aims to address the person's needs with complex behaviours of concern. It includes positive behaviour support, which aims to:

- Build on the person's strengths
- Increase their opportunities to participate in community activities
- Increase their life skills

The BSP is developed in consultation with the person, other relevant people (e.g. family), and service providers. However, the one in charge of developing the BSP is the behaviour support practitioner. A behaviour support practitioner has two tasks:

- Undertake behaviour support assessments (including functional behavioural assessments)
- Develop behaviour support plans that may contain the use of restrictive practices

The behaviour support practitioner has the following responsibilities in developing a BSP with restrictive practices:

- To conduct behaviour assessments to check if restrictive practices are needed
- To ensure that the restrictive practices listed are one of the five regulated types
- To ensure that the restrictive practices are included only as last resorts
- To ensure that the restrictive practices reflect the person's goals, strengths, capabilities, and preferences

When developing BSP that contains a regulated restrictive practice, the practitioner must ensure the following:

- Restrictive practices must meet the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 or the rules for using restrictive practices in aged care as stated in Quality of Care Principles 2014.
- Any authorisation or consent under the relevant state or territory legislative and policy frameworks must be obtained.



Sourced from [Understanding behaviour support and restrictive practices - for providers](#), used under CC BY 3.0 AU. © Commonwealth of Australia



Further Reading

Visit the link below to learn more about a registered specialist behaviour support provider's conditions when developing BSPs that include restrictive practices:

[Understanding behaviour support and restrictive practices - for providers](#)

Click the links below to learn about the rules of using restrictive practices in aged care:

[Department of Health and Aged Care](#)

[Minimising the use of restrictive practices](#)

[Restrictive practices in aged care - a last resort](#)

Access the National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018 and the Quality of Care Principles 2014 on the links below:

[National Disability Insurance Scheme \(Restrictive Practices and Behaviour Support\) Rules 2018](#)

[Quality of Care Principles 2014](#)

Multimedia



This video further describes what is expected of practitioners when providing behaviour support:

[For practitioners: Behaviour support in the NDIS Commission](#)

3.1.2 Human Rights Considerations and Restrictive Practices

Australia adheres to human rights treaties. The treaties protect the fundamental rights of all people equally. This implies that Australia must also protect the rights of older people and people with disability. Some of these treaties are as follows:

- **International Covenant on Civil and Political Rights**
 - Includes the rights to self-determination, life and security of the person
 - Recognises the equality of all before the law
- **International Covenant on Economic, Social and Cultural Rights**
 - Protects the right to the enjoyment of the highest attainable standards of physical and mental health
- **Convention against Torture and Other Cruel, Inhuman or Degrading Treatment**
 - Prevents cruel, inhuman and degrading treatment
- **Convention on the Rights of Persons with disability**
 - Clarifies the application of human rights to people with disability, including older people with physical or mental disabilities
 - Reiterates the principle of personal autonomy

Those treaties are not enforceable unless incorporated into domestic law. However, those are agreed upon by the international community. In signing those treaties, the Australian Government is responsible for creating laws to protect these rights. The government should also adopt other measures to affect the recognised rights.

When using restrictive practices, take the following human rights considerations into account:

- The right to live independently
- The right to personal mobility
- The right to habilitation and rehabilitation
- The right to health
- The right to freedom from exploitation, violence and abuse

Because restrictive practices can impinge on the person's human rights, the behaviour support practitioner, where possible, must develop plans on how to phase out the restrictive practice.

Below are examples of how support workers can apply two of the considerations above:

Human Rights Considerations	How the Support Worker Can Apply These
The right to personal mobility	The support worker restrains the person in the shortest time possible to respect the person's personal mobility as much as possible.
The right to habilitation and rehabilitation	The right to habilitation and rehabilitation involves providing support services that are based on assessments of the person's needs and strengths. Thus, the support worker only uses regulated restrictive practices listed in the individualised behaviour support plan.

3.1.3 Restrictive Practices

Restrictive practices are interventions that limit a person's movement or rights. A practice is considered restrictive if it does any of the following:

- Prevent a person from moving physically
- Restrict a person's access to their environment
- Render the person mentally unable to act
- Render the person psychologically unable to act

Ideally, restrictive practices are used only as a last resort. Restrictive practices are only acceptable when the person's behaviour presents a safety risk to themselves or others around them. In these instances, restrictive practices are applied to ensure the safety of everyone involved.

The following are other conditions that must be fulfilled for restrictive practices to be acceptable:

- Recording and reporting accurate information to the NDIS Commission and following State/Territory authorisation
- Basing the practice on evidence from behaviour and risk assessments
- Detailing the use of the restrictive practice in a behaviour support plan
- Ensuring that restrictive practice does not result in re-traumatisation of the person
- Considering the individual's culture
- Training staff in using restrictive practices
- Monitoring and reviewing the use of restrictive practices regularly
- Using restrictive practices based on the advice of health professionals

For a restrictive practice to be used, it must first be approved and included in a person's BSP. The BSP will outline the steps involved in using the restrictive practice.

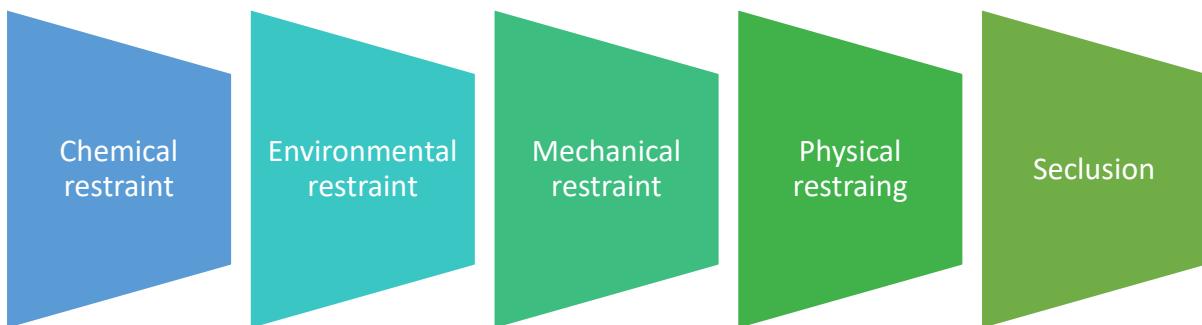


Further Reading

Access the *Regulated Restrictive Practices Guide* in the link below to learn more about the use of regulated restrictive practices:

[Understanding behaviour support and restrictive practices - for providers](#)

The National Disability Insurance Scheme (NDIS) lists the following five types of regulated restrictive practices:



- **Chemical restraint** – The practice or intervention that involves using a medication or chemical substance. The primary purpose of this use is to influence a person's behaviour (e.g. calm the person down).

Chemical restraints do not include the use of medication prescribed for:

- The treatment of the person for the following:



- The end-of-life care for the person

Support workers must ensure that the medication is used as prescribed for the reasons mentioned above. There must be appropriate monitoring and consent to use.

Examples of chemical restraint are the administration of any medication. This medication influences the behaviour of a person. They can be prescribed or acquired over the counter.

A psychiatrist must provide documentation regarding what type of chemical restraint will be used and for what purpose.

- **Environmental restraint** – The practice or intervention that involves restricting a person's access to all parts of their environment.

Examples of environmental restraints include the following:

- Limiting the person's access to walk in an outside space
- Removing access to an activity or the external environment
- Limiting or removing access to a wanted or needed item, such as a walking frame, by putting it out of reach

Environmental restraints are commonly used for a person's safety. However, they can negatively impact those under your care. It restricts the person's freedom to take part in activities. It might diminish the rights of both the person and those around them.

- **Mechanical restraint** – The practice or intervention that involves using a device that restricts the movement of a person. These do not include using a device for therapeutic or non-behavioural purposes. Such devices include splints for broken bones or wheelchairs.

Examples of mechanical restraints include the use of the following:

Lap belt or princess chair

Bed rail

Low bed

Clothing which limits movement and is unable to be removed by the person

Devices used for safety purposes or to prevent harm are still considered mechanical restraints. It is still a restraint even if it has the person's consent. It is not used for therapeutic or non-behavioural purposes. For example, a support worker applies the brakes on a wheelchair, and the person cannot move. That is still an example of mechanical restraint as it restricts a person's freedom.

- **Physical restraint** – The practice or intervention involves using physical force to restrict a person's movements. This restriction includes subduing part of or the whole body of the person.

Physical restraint does not include using hands-on techniques to guide the person away from potential harm. An example of this would be holding a person back from crossing the road to avoid oncoming traffic.

Examples of physical restraints include the following:

- Holding a person down physically in a specific position to force personal care, such as:
 - Showering to be attended to
 - Administrating medication
- Pinning a person down
- Moving a person physically to stop them from moving into an area they may wish to go

Like mechanical restraint, it restricts the freedom of the person. It can also be disempowering because the practice might be done in an undignified manner.

- **Seclusion** – The practice or intervention involves the solitary confinement of a person. A person is confined by themselves without a way to escape. The person is confined in a room or physical space at any hour of the day or night. Voluntary exit from confinement is either prevented or not facilitated.

Examples of seclusion include the following:

- Locking a person in their room or other areas of the facility
- Ordering a person to go to an area in the facility and telling them that they are not permitted to leave that area
- Retreating to other rooms where the person cannot follow.

A person choosing to go to or lock themselves in their room or bathroom is not a form of seclusion. This is on the provision that they are free to leave when they wish to.

Seclusion is the most extreme form of restrictive practice. It must not be used as a form of punishment. It significantly affects a person's dignity and rights and should only be a last resort.



3.1.4 Risks Related to Restrictive Practices

Using restrictive practices can produce various risks. It may harm the overall health and well-being of older people and people with disability. Risks should be continually monitored, even if their use is in the least restrictive form.

Potential risks related to restrictive practices are the following:

Physical risks

Psychological risks

Emotional risks

▪ Physical risks

Physical risks are risks related to the person's body. These risks may cause serious physical injury. These injuries are very apparent when using physical restraint, like pinning down a person. When a lot of force is used, the restrictive practice may even result in bruises, fractures and even death.

In some types of restrictive practices, the person's mobility is reduced. Thus, it may impair muscle strength and flexibility. In some cases, they do not have the freedom to access some facilities. They might need to hold back from going to the bathroom. Repeated instances of this might lead to urinary tract infections.

Restrictive practices can also cause other health complications, such as:

- Respiratory complication
- Incontinence
- Undernutrition

▪ Psychological risks

Psychological risks are risks related to the person's cognition and processing of information. Restrictive practices can also cause psychological harm to the person. For example, restrictive practices can cause trauma and psychological distress to the person. In addition, a person with a history of abuse and trauma will find the restrictive practice triggering. Psychological risks may also involve lower cognitive performance (e.g. difficulty remembering things, making decisions, etc.).

Restrictive practices diminish a person's freedom, leading to helplessness, depression, anxiety and loss of dignity. It may also limit the person's ability to engage in ADLs. Constant use of restrictive practices could also result in overdependence on the practice. This means that the person may continuously seek restraint or become anxious without it.



- **Emotional risks**

Emotional risks are risks related to how the person experiences and expresses emotions. With restrictive practices, the person being restrained will likely experience negative emotions. Restrictive practices can be disempowering. It strips the person's independence and freedom. Being secluded contributes to feelings of isolation and sadness.

Being physically restrained, especially in an undignified manner, leads to shame. The person might also feel constant fear due to these practices.

Restrictive practices can damage the relationship and trust between the person and the support worker. This can result in less meaningful interactions between them.



3.1.5 Use of Unregulated and Unauthorised Restrictive Practices

The use of restrictive practices is unauthorised if it is not in accordance with the following:

An authorisation by the relevant state or territory

A behaviour support plan

Sourced from [Understanding behaviour support and restrictive practices - for providers](#), used under CC BY 3.0 AU. © Commonwealth of Australia



Unregulated restrictive practices are restrictive practices that are not supervised or unapproved by the NDIS Commission or Aged Care Quality and Safety Commission. These practices are prohibited from being used, as they pose a high risk of harming people and gravely infringe on a person's rights. Unregulated practices will vary per state or territory. Some examples of these unregulated restrictive practices are constraint and imprisonment.

Constraint refers to restraining the person for reasons other than medical necessity or the absence of a less restrictive alternative to prevent self-harm. *Imprisonment* refers to isolating the person for reasons other than medical necessity or the absence of a less restrictive alternative to prevent self-harm.

As a support worker, you are legally and ethically required to use the authorised restrictive practices only. As mentioned in the previous discussion, although there are authorised restrictive practices, the use of it should be as a last option only. Before engaging in the restrictive practice, you must exhaust all other interventions and practices.

To ensure that restrictive practices are not abused, the *National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission* and *Aged Care Quality and Safety Commission* regulate the use of such practices.

They do this by:

- Setting requirements for the quality and safety of restrictive practices
- Taking educative, corrective or enforcement action when those requirements are not met

Below are some examples of how a support worker can legally and ethically avoid the use of unregulated restrictive practices:

Unregulated Restrictive Practice	Legal Consideration	Ethical Consideration
Constraint	<p>Check with the national and state laws that cover your organisation's rights regarding restrictive use practices. Be familiar with what practices you can only use, under what situations and how they should be reported to NDIS Commission or ACQSC.</p>	<ul style="list-style-type: none"> ▪ Exhaust all efforts, such as calming the person down through words or gestures. ▪ Use an approved and authorised restrictive practice (specifically, physical restraint) only to prevent the person from engaging in self-harm or harming others.
Imprisonment	<p>Check with the national and state laws that cover your organisation's right to use restrictive practices. Be familiar with what practices you can only use, under what situations and how they should be reported to NDIS Commission or ACQSC.</p>	<ul style="list-style-type: none"> ▪ Use an approved and authorised restrictive practice (specifically, seclusion) to prevent the person from engaging in self-harm or harming others. ▪ Limit the person's seclusion time to the shortest possible.

Using unregulated and unauthorised restrictive practices deviates from these requirements. These practices fall under reportable incidents and must be reported to the NDIS Commission or Aged Care Quality and Safety Commission within five days. If the restrictive practices result in the injury or death of the person, it must be reported within 24 hours.

If restrictive practices are used without authorisation, the NDIS and Safety Commission and ACQSC take several steps before revoking registration or banning. The aim is to support compliance first unless the breach is very serious. In this case, the registration will be reviewed, and the organisation might be banned.

Service providers will be held accountable when they use unauthorised and unregulated practices. It could mean they will lose government funding or be sanctioned for breaching the NDIS and ACQSC Code of Conduct and safety rules, among other consequences.

Other consequences may include the following:

- There is a likelihood that abuse will increase.
- It would be a human rights breach.
- The service provider would be subject to punishment enforced by the state or territory.
- The person would not trust the support staff.
- If the restrictive practice is implemented for too long and without justification, it may lead to over-reliance, where the person constantly seeks restraint.
- If the restrictive practice is implemented without any basis (i.e. health professionals were not consulted and/or assessments were not conducted):
 - It may trigger persons with a history of trauma and abuse
 - It may cause trauma and experience psychological distress to persons with certain psychological profiles
 - It may not address underlying factors that cause behaviours of concern
 - It may not be needed and thus be ineffective
 - It may yield negative effects depending on the person's physical, emotional and psychological condition

The NDIS and ACQSC require practices to be used according to the relevant state or territory. The table below provides links on authorisation according to the state or territory:

State/Territory	Relevant Authority
Australian Capital Territory	Office of the Senior Practitioner
New South Wales	Restrictive Practices Authorisation Portal
Northern Territory	Northern Territory National Disability Insurance Scheme Restrictive Practices Authorisation
Queensland	Publications and resources
South Australia	Office of the Public Advocate

State/Territory	Relevant Authority
Tasmania	Office of the Senior Practitioner
Victoria	Authorisation process for the use of regulated restrictive practices by registered NDIS providers

3.1.6 Positive Proactive Approaches to Eliminate the Need for Restrictive Practices

In Australia, support workers can use authorised restrictive practices. However, it must only be used as a last resort. It should also be proportionate to the risk of potential harm to the person or others. It is emphasised that its use is in its least restrictive form. It should only be used to prevent or protect a person and others from harm.

As mentioned before, restrictive practices restrict a person's rights or freedom of movement. The use of such practices has several risks. It can negatively impact the well-being of the person. Restrictive practices can cause:

- Physical injury or death
- Psychological harm (e.g. trauma, fear, shame, anxiety, depression and loss of dignity)
- Damage between the relationship of a person and their carers
- Increased power imbalances
- Feelings of helplessness
- Loss of independence

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Above all, restrictive practices violate a person's human rights. Service providers are required to respect, protect and fulfil the rights of the person. Restrictive practices conflict with the rights of the person, as stated in the UNCPRD. Some of these include the following:



In response, positive and proactive approaches are created. These approaches support eliminating the use of restrictive practices:

- **Life-course approach** – This approach recognises that all stages of a person's life are connected. Experiencing violence or abuse at one point in their lives may affect how they experience and perceive restrictive practices later in life. For example, say that a person experienced the trauma of being locked inside. This trauma then impacts how they experience seclusion.

The approach also considers life experiences across different generations. There is a long history of restricting the rights or freedom of certain people in society. Many people continue to feel the effects of such historical restrictions. As such, there must be consideration of the experiences of systemic discrimination against the following:

- Older generations
 - Culturally and linguistically diverse people (e.g. First Nations people, refugees)
 - People with disability
- **National approach** – There have been three national agreements to reduce or eliminate the use of restrictive practices in Australia:
 - In 2005, Health Ministers agreed to reduce or eliminate the use of some restrictive practices. This use is in mental health settings.
 - In 2014, Disability Ministers agreed to a national framework to be established. This is the *National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector*.
 - In 2016, the *National Principles to Support the Goal of Eliminating Mechanical and Physical Restraint in Mental Health Services* were established. The advisory council to Australian Health Ministers endorses them.



- **State and territory approach** – States and territories usually authorise and regulate the use of restrictive practices. This is done through laws and policies. Examples are as follows:

- Some states require service providers to get approval from a state-based *Senior Practitioner*. A Senior Practitioner's role is to ensure service providers follow the standards of using restrictive practices.
- Guardianship laws also play a role in authorising restrictive practices.
- Mental health laws apply to restrictive practices in mental health settings. This includes the use of seclusion and forcing people to take medication to change their behaviour.

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Other positive, proactive approaches include the following:

Complying with requirements set by the state or territory and the NDIS Commission and ACQSC

Employing the least restrictive practice possible

Using the restrictive practice for the shortest time possible

Using the restrictive practice only as a last resort

Using the restrictive practices only to ensure the safety of the person, the support worker, and others

Following only the practices listed in the individualised behaviour support plan

Requiring informed consent from the person or their family/guardian, depending on the situation

Documenting and reporting the use of restrictive practices

Consulting with a relevant health professional to review the need for restrictive practices

3.1.7 Consult With the Person to Establish Interventions

In person-centred behaviour support, the person is consulted on the type of support and interventions they will receive. Doing so ensures that the person's rights are upheld and their capacity to make decisions is respected.

Interventions are essential in behaviour support as these help minimise or eliminate behaviours of concern. The National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Sector (The National Framework) acts as a best practice guide for reducing restrictive practices to eliminate them completely. The National Framework works within a human rights, person-centred approach.

The principles of the National Framework include the following:

Principles	What Is It About?
Human rights	<ul style="list-style-type: none"> ▪ The rights of older people and people with disability must be the same. These rights must be protected. ▪ The use of restrictive practices must be minimised and only when it is justifiable to do so (e.g. proportionate to the risk presented).
Person-centred focus	<ul style="list-style-type: none"> ▪ The person remains at the centre of care and is empowered to make decisions for themselves. ▪ The support given to them must be individualised and evidence-based.
National approach	<ul style="list-style-type: none"> ▪ A national approach ensures that disability support services remain consistent throughout the country. ▪ A national approach also sets the standards that each service provider must follow.
Quality outcomes and safe workplaces	<ul style="list-style-type: none"> ▪ The service provider must ensure that persons with disability and their staff are safe and protected. ▪ The service provider must provide a safe working environment for them and protect their rights.

Principles	What Is It About?
Accountability through documentation, benchmarking and evaluation and working towards transparent and consistent reporting	<ul style="list-style-type: none"> ▪ Service providers and staff must continuously monitor and document the effectiveness of support strategies. ▪ They must also review and analyse their use of restrictive practices, which may indicate the effectiveness of the applied support strategies.
Collaboration between service providers	<ul style="list-style-type: none"> ▪ A multidisciplinary approach must be used to help reduce the use of restrictive practices. ▪ This means there must be collaboration in implementing BSPs across health, allied health, aged care and disability sectors.
Raising awareness, providing education and facilitating accessible information about restrictive practices	<ul style="list-style-type: none"> ▪ The persons with disability, their guardians or advocates and all stakeholders must be aware of how restrictive practices must be used and implemented. ▪ They must also be made aware of issues related to using restrictive practices.



Abiding by the principles of the framework helps reduce and eliminate the use of restrictive practices. Below are two examples:

Principle	How It Helps Reduce the Use of Restrictive Practices	How It Helps Eliminate the Use of Restrictive Practices
Person-centred focus	Emphasising that the person has the right to autonomy compels service providers to implement non-restrictive options first so that restrictive practices will only be a last resort.	Person-centredness focuses on the person's capabilities. Thus, emphasising building skills to cope with the stress that triggers behaviours of concern would help prevent the use of restrictive practices.
Accountability through documentation, benchmarking, and evaluation	Accountability through benchmarking and evaluation in behaviour assessments ensures that as many non-restrictive interventions as possible are found.	Accountability through documentation prevents restrictive practices from being used solely for the convenience of the support staff.



Further Reading

Access the National Framework in the link below to learn more about the key principles and core strategies to help reduce the use of restrictive practices:

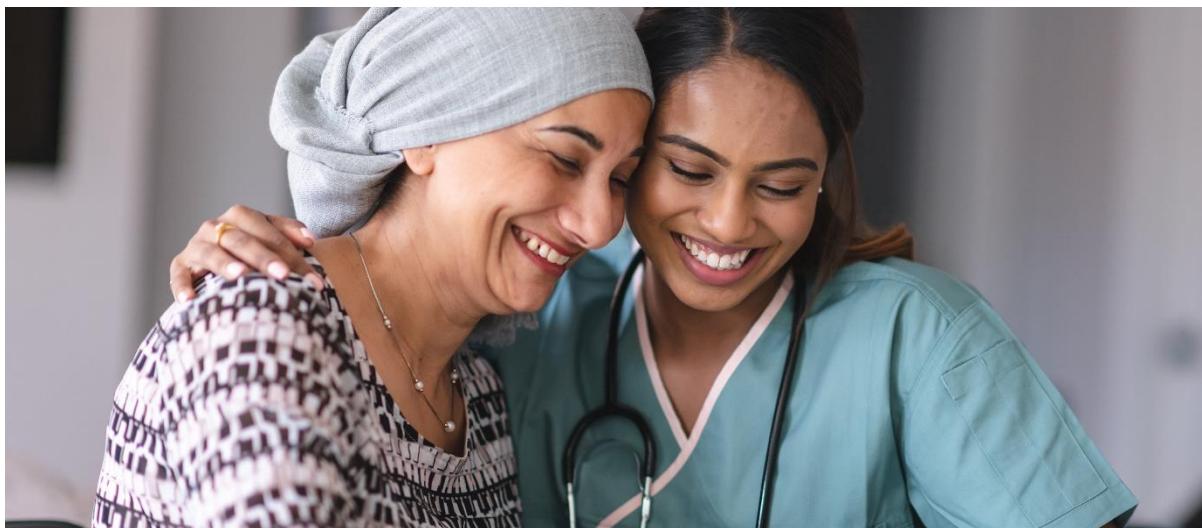
[National Framework for Reducing and Eliminating the Use of Restrictive Practices in the Disability Service Sector](#)

It is essential to consult with the person to establish interventions. To consult, follow the steps below:

1. Schedule a consultation with the person. Work out with them when (e.g. date and time) and where (e.g. location) this consultation will occur.
2. During the consultation, talk to them about their needs or concerns that they need interventions for.
3. Ask the person what interventions they would like to use to address these needs and concerns.
4. If necessary, provide a list of the interventions previously discussed. Explain what these interventions are. This can help the person decide.

Effective communication is essential to minimising the person's behaviours of concern. Appropriate interventions will include effective communication strategies that align with the person's individualised plan. Principles of effective communication include the following:

- Communication models (i.e. basic communication theories)
- Communication types (e.g. written, oral, non-verbal)
- Communication methods/modes (i.e. methods or modes used to take part in the type of communication—talking is a method relating to oral communication)



One common communication model is the encoder-to-decoder model. In this model, the encoder transmits the message through a channel or medium (e.g. digitally, face-to-face interactions). They must ensure that the information is clear and understood completely. As a response, the decoder sends their interpretation by providing information or feedback. They must ensure the sender that their message has been received and acknowledged.

The support worker can help minimise behaviours of concern using the encoder-to-decoder communication model in these ways:

- **Encoder** – Clearly communicate the information to the person who may have difficulties understanding information due to behaviours of concern. For example, the support worker must ensure that the information they are communicating is understandable to persons with limited or no verbal skills. They can do this by using the appropriate communication types, like non-verbal communication (e.g. body language), to help get their message across. They also note the person's body language to understand their message better.
- **Receiver** – The support worker must assist the person in communicating the information. For example, the support worker must understand what the person's behaviour is trying to communicate.

Other types and methods of communication include the following:

Communication Type	Communication Method
Verbal	Face-to-face conversation
Non-verbal	<ul style="list-style-type: none"> ▪ Body language ▪ Facial expressions ▪ Eye contact ▪ Hand movements ▪ Touch
Visual	<ul style="list-style-type: none"> ▪ Signs ▪ Pictures
Written	<ul style="list-style-type: none"> ▪ Notes ▪ Memos

Any of the types of communication can help minimise behaviours of concern. For example, a support worker may use written communication to prevent behaviours of concern. This is because the person becomes frustrated when they have difficulty understanding verbal communication. The support worker can also use a communication method relevant to the communication type. They may incline their head slightly to show they are listening to the person talking about what is agitating them.

Effective communication can also be applied through the following:

- Showing respect
- Ensuring the environment does not create barriers
- Being aware of the cultural norms when defusing the situation
- Listening to the other person to hear the full message without interrupting them
- Paraphrasing what the person has said to enhance your understanding
- Understanding non-verbal communication demonstrated in association with the behaviour of concern
- Using the person's preferred communication method (e.g. picture book)
- Being sensitive to what the person feels at the time of the behaviour

Remember that the principles of effective communication can generally be applied in all your dealings with the person. This includes consultations and everyday interactions with them.

3.1.8 Documentation of Use of Restrictive Practices

You must document any use of restrictive practices on the person. In the NDIS Rules legislation, it states that the documentation must include the following:

A description of the use of the practice

A description of the person's behaviour prior to the practice

The time, date and place of use

The names and contact details of people involved, including witnesses

The actions taken in response to the use of the practice

The less restrictive options used

The strategies used to prevent the use of restrictive practice

Providers must keep such records for up to seven years after making them. According to Sections 14 and 15 of the NDIS (Restrictive Practices and Behaviour Support) Rules 2018, NDIS providers implementing regulated restrictive practices need to:

- Keep records of their use of restrictive practices
- Report the use of restrictive practices to the NDIS Commission

Based on content from the Federal Register of Legislation at 29 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, used under CC BY 4.0.

The NDIS also requires all providers who use restrictive practices to maintain an Incident Management and Reportable Incidents (IMRI) system. This must be updated every time a restrictive practice is used. Every month, a report must be submitted to the NDIS Commission with all restrictive practices. A *nil report* must be submitted if no restrictive practices were used.



The following information must be kept:

- A description of the use of the regulated restrictive practice, including answers to the following questions:
 - What was the impact on the person or another person?
 - Was there any injury to the person or another person?
 - Was the use of the restrictive practice a reportable incident?
 - Why was the regulated restrictive practice used?
- A description of the behaviour of the person that led to the use of the regulated restrictive practice
- The time, date and place at which the use of the regulated restrictive practice started and ended
- The names and contact details of the persons involved in the use of the regulated restrictive practice
- The names and contact details of any witnesses to the use of the regulated restrictive practice
- The actions taken in response to the use of the regulated restrictive practice
- What other less restrictive options were considered or used before using the regulated restrictive practice
- The actions taken leading up to the use of the regulated restrictive practice, including any strategies used to prevent the need for the use of the practice

Sourced from the Federal Register of Legislation at 29 January 2022. For the latest information on Australian Government law please go to <https://www.legislation.gov.au>. National Disability Insurance Scheme (Restrictive Practices and Behaviour Support) Rules 2018, used under CC BY 4.0.

Awareness of your organisation's reporting and recordkeeping policies, procedures and practices are essential. They should be in line with the NDIS and ACQSC requirements for reporting. Strict guidelines, such as timeframes, may regulate incidents requiring reporting.



Below are the timeframes for reporting different reportable incidents and how to report them:

Reportable Incident	Reporting Timeframe	How to Report
Death of the person	24 hours	Immediate Notification Form via NDIS Commission Portal
Serious injury to the person	24 hours	Immediate Notification Form via NDIS Commission Portal
Abuse or neglect of the person	24 hours	Immediate Notification Form via NDIS Commission Portal
Unlawful sexual or physical contact with or assault of the person	24 hours	Immediate Notification Form via NDIS Commission Portal
Sexual misconduct committed against, or in the presence of the person, including grooming of the person for sexual activity	24 hours	Immediate Notification Form via NDIS Commission Portal
The restrictive practice used is not authorised by the state or territory authorisation and/or not in accordance with the BSP	Five business days	Submit 5 Day Form via the 'My reportable Incidents' portal

Based on [Incident management system guidance](#), used under CC BY 3.0 AU. © Commonwealth of Australia

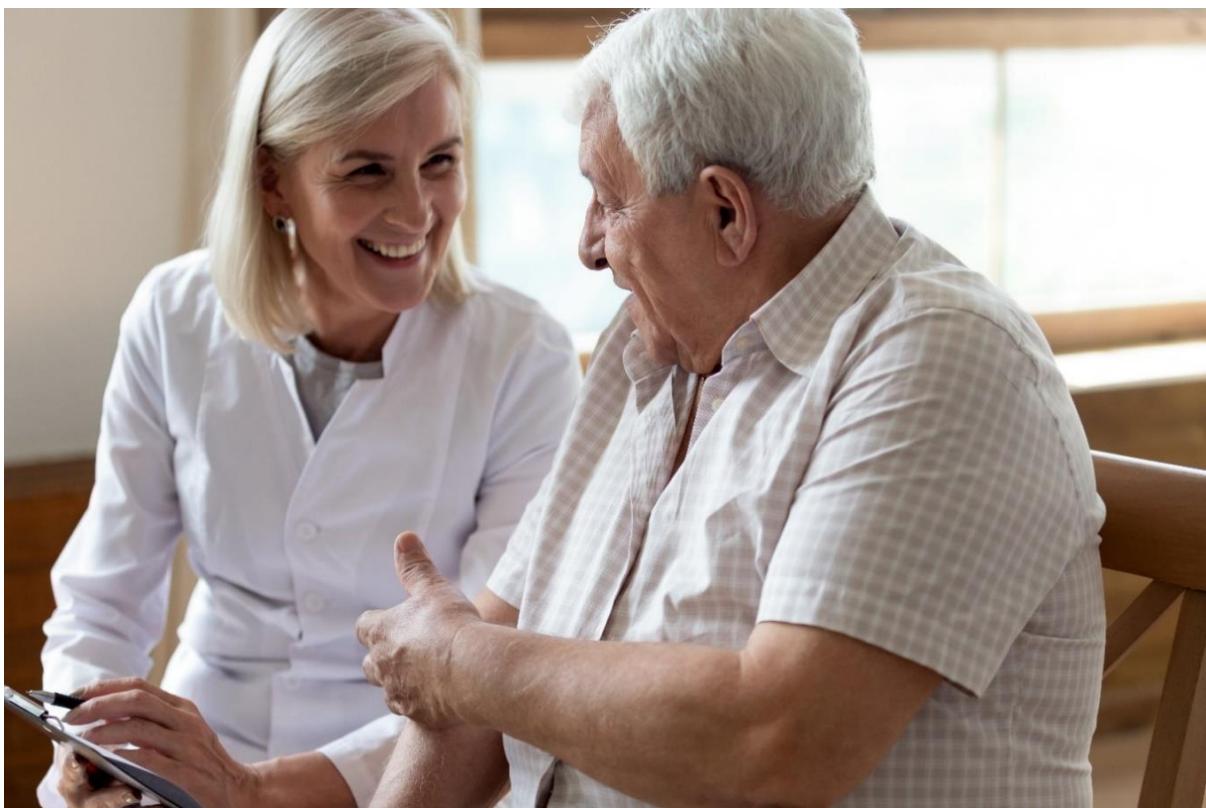
Checkpoint! Let's Review



1. In positive behaviour support, one of your goals would be to assist the person in reducing occurrences of behaviours of concern.
2. Reducing occurrences of behaviours of concern includes using appropriate interventions in line with the person's wishes and preferences.
3. You and the person must talk about what interventions to use. This ensures that the interventions you provide remain person-centred.
4. Because restrictive practices infringe on a person's human rights and have many risks, these interventions are only used when necessary.
5. Report the use of unauthorised and unregularised restrictive practices immediately to the proper authorities. Failure to do so breaches legal requirements and results in sanctions.
6. Proactive approaches are used to reduce occurrences of behaviours of concern, positive.



3.2 Implement Positive Behavioural Support Strategies



Recall the principles of person-centred practices. A person-centred approach requires collaboration between you, the person, and other relevant individuals (e.g. family, supervisor, health professionals). *Collaboration* means working with another person or group to achieve a goal. In this context, your goal in collaborating with the person is to apply positive behaviour support strategies.

In person-centred practice, the person is put at the centre of care. Their needs and preferences are always taken into consideration. In the previous chapter, you consulted with the person on what interventions you can use to address behaviours of concern. Now that you have identified these interventions, you must collaborate with the person to apply these. One example of these interventions is behavioural support strategies.

You must collaborate with the person to apply behavioural support strategies as a support worker. Collaborating with the person brings many advantages, such as the following:

- Promoting their freedom to decide for themselves
- Ensuring that their needs will be addressed
- Becoming a way to form a better working relationship with the client

Positive behavioural support strategies are plans of action that aim to address the person's behaviours of concern. Some examples of positive behavioural support strategies are:



The positive behaviour support strategies you will apply will depend on the person's needs, wishes, and preferences in your care.

The application of these strategies follows a two-step process:



Interpret refers to showing your understanding of something. In this context, you must show that you understand the positive behaviour support strategies you will use.

Interpretation of the positive behaviour support strategies follows these general steps:

1. Understand the positive behaviour support strategies in the behaviour support plan (BSP).
2. Confirm your understanding with the person.

After interpretation comes implementation; what is written in the BSP must be followed. To *follow* means to take steps according to the instructions or directives are given. To follow the positive behaviour support strategies in the BSP, you must do the following steps:

1. Identify the positive behaviour support strategies that must be applied according to the situation. An example is adjusting the environment to minimise the occurrence of behaviours of concern.
2. Confirm with the person the positive behaviour support strategies that must be applied.
3. Prepare the necessary equipment or documents in preparation for support provision.
4. Inform the person of the positive behaviour support strategies that will be applied in relation to their context.
5. Confirm when and where you will apply these positive behaviour support strategies with the person.
6. Provide the person with the support services they need according to their situation.



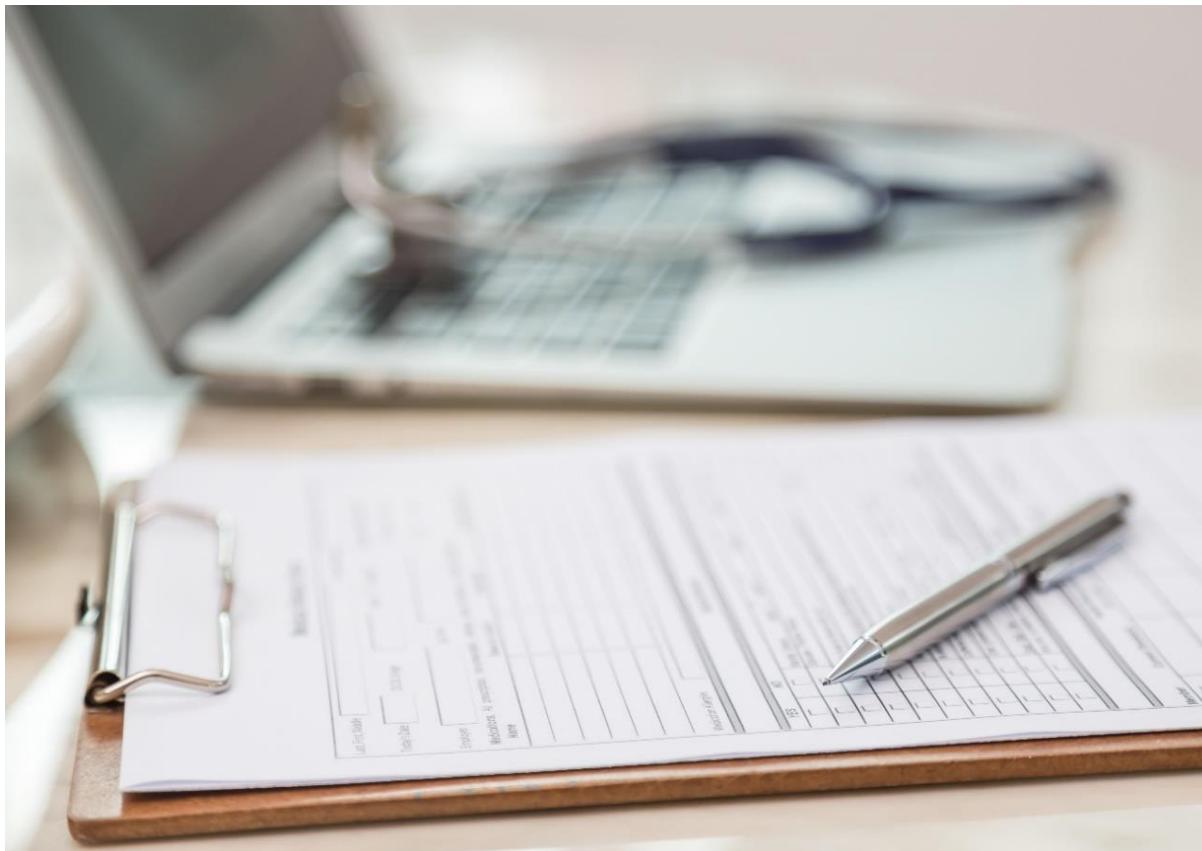
Remember that it is crucial to collaborate with the person when interpreting and following positive behaviour support strategies. This will ensure that the support you provide remains person-centred.



Checkpoint! Let's Review

1. *Collaboration* means working with another person or group to achieve a goal. Your goal in collaborating with the person is to apply positive behaviour support strategies.
2. *Positive behavioural support strategies* are plans of action that aim to address the person's behaviours of concern. The positive behaviour support strategies you will apply will depend on the person's needs, wishes, and preferences in your care.

3.3 Ensure Alignment of Interventions With the Plan, Policies and Procedures



You will always refer to the individual's behaviour support plan (BSP) when providing behaviour support. Recall that the BSP is an individualised document containing all the information necessary to provide the person with the support they need. One crucial piece of information found in the BSP is behaviour support strategies and behaviour interventions (e.g. restrictive practices schedule).

Individualised BSP dictates the support services that the person should receive. These plans are tailored to each person. Individualised BSP ensures that the person is not just receiving generic services that do not fit their needs.

For the reasons above, the support staff needs to familiarise themselves with the person's BSP before they provide support to the person or during their first encounter with them. Ideally, the support staff must be given appropriate training in understanding the BSP. This would help them understand the person's background, their behaviours of concern and other responses.

Consider the example below:

Client	Generic Services	Tailor-Fitted Services
Mason, a 25-year-old diagnosed with an intellectual disability	When behaviours of concern occur, approach Mason and ask him to calm down.	The triggers of Mason's behaviour include loud noises. For example, when the television is loud, he gets upset. He shouts and screams at the staff. To help him express his needs better, he is taught to show a card to indicate that loud noises are bothering him. Then he will point out which noise is bothering him.
Andrei, a 62-year-old diagnosed with dementia	Approach Andrei calmly, acknowledge and validate his emotions and engage him in a relaxing activity.	Andrei has Alzheimer's disease. His behaviours of concern usually appear after an episode of wandering. When he finds himself lost, he becomes highly agitated. A support worker must be with Andrei to ensure that he does not get lost. Signs of agitation are usually reduced by playing or singing soothing music.

As the example above, each intervention in the BSP is selected to address the needs of a specific person. Thus, you must always follow the interventions outlined in the person's BSP.

Each organisation also has its policies and procedures for following behaviour support interventions.

To ensure that the interventions are in line with these policies and procedures, you must do the following:

- Consult your organisation manual for any questions and clarifications.
- Ask your supervisor for any questions and clarifications.

In addition, it is also crucial that you follow these interventions according to the legal and ethical requirements discussed in Subchapter 3.1.

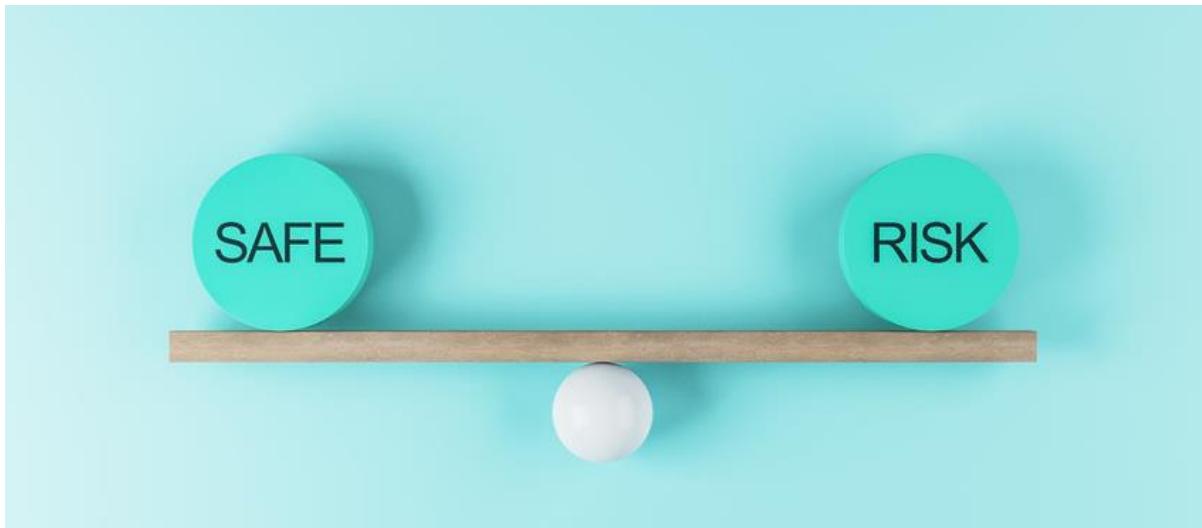
Checkpoint! Let's Review



1. You will always refer to the individual's behaviour support plan (BSP) when providing behaviour support. You must also follow your organisation's policies and procedures when providing behaviour support.
2. Individualised BSP dictates the support services that the person should receive. Individualised BSP ensures that the person is not just receiving generic services that do not fit their needs.
3. Each intervention in the BSP is selected to address the needs of a specific person.



3.4 Ensure the Safety of the Person, Self and Other People



Part of your duty of care is to make sure that you take reasonable care of the person under your care and your own health and safety. To ensure that you, the person, and others involved in care remain safe, below are some things you must do:

- **Maintain a safe work environment.**
 - Modify the person's home layout to lessen injuries to self or injuries to the person (e.g. providing adequate space to prevent trips).
 - Wipe spills and leaks to prevent falling and slipping.
 - Lessen or eliminate using hazardous chemicals (e.g. drain cleaners, disinfectants).
 - Use lifting equipment or other aids to reduce the risk of manual handling injuries.
 - Report or repair broken fixtures (e.g. lighting, steps) to reduce the risk of harm.
- **Ensure that any equipment to be used is well-maintained and working properly.**
 - Check the electrical equipment to see if it is operable. Do this when you are providing services in a person's home.
 - Conduct visual inspections on the equipment to check for functionality (e.g. damaged wires).
 - Test equipment every once in a while to check if these remain operable.
 - Store all electrical equipment properly (e.g. away from harsh environments).

▪ Manage the person's behaviours of concern according to their individualised BSP and your organisation's policies and procedures.

- Identify triggers of behaviour as indicated in the BSP (e.g. loud noise) and reduce or eliminate the presence of these triggers.
- Use positive behaviour interventions to de-escalate the situation.
- Follow your organisation's policies and procedures when addressing behaviours of concern. This may include keeping the person, staff and yourself safe.



▪ Be aware of emergency protocols for all and any eventualities.

- Call emergency hotlines (e.g. Triple Zero) in case of medical emergencies or other eventualities (e.g. fire).
- Prepare for any eventualities by talking with your supervisor about the protocols you can apply in such situations.

▪ Report hazards and risks to your supervisor.

Reporting will depend on your organisation's policies and procedures. You may be required to do any of the following:

- Provide a written report, e.g. a form containing the following details:
 - Type of hazard
 - Level of risk associated with the hazard
 - Location of the hazard
- Provide a verbal report of the hazards and risks (e.g. during a meeting).

Your organisation's policies and procedures will also indicate when you must report these matters. For example, if the hazard is something you cannot control, it must be reported immediately.

The above steps are just general guidelines. For a more comprehensive guide, you must refer to your organisation's policies and procedures, including those for work health and safety. This document will outline all the details necessary to ensure that you, the person and others remain safe.



Further Reading

Check the documents below on promoting health and safety for support workers:

[Violence and aggression](#)

[Manual tasks guide for carers](#)

Risk assessments are done to identify risks and hazards in the workplace. Check the link below for more information on risk management:

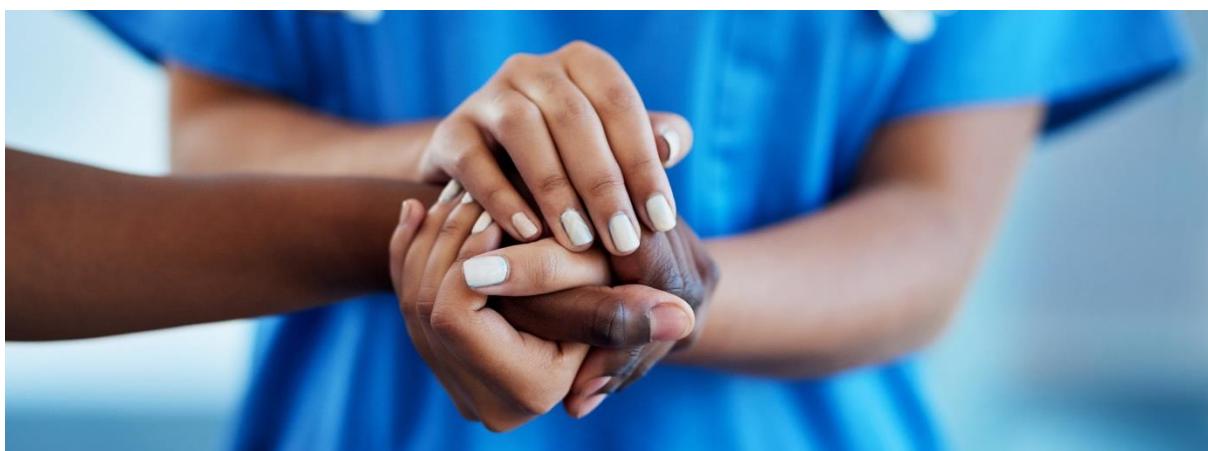
[Identify, assess and control hazards](#)

Multimedia



The video linked below provides a comprehensive discussion on minimising harm to the person and the support worker in a home and community setting:

[Hazards and Risks for Homecare Workers in Aged Care and Disability](#)



Checkpoint! Let's Review



1. Part of your duty of care is to ensure that you take reasonable care of the person and your health and safety.
2. To ensure that you, the person, and others involved in care remain safe, you must do the following:
 - Maintain a safe work environment.
 - Make sure that any equipment used is well-maintained and works properly.
 - Manage the person's behaviours of concern according to their individualised BSP.
 - Be aware of emergency protocols for all and any eventualities.
 - Report hazards and risks to your supervisor.



3.5 Respond to Critical Incidents According to Organisational Policies and Procedures



In the context of disability and aged care support, a *critical incident* refers to the following:

Acts, omissions, events or circumstances on the support services' end that caused, or could have caused, harm to the person

- For example, preventable accidents

Acts by an older person or person with disability that caused serious harm, or a risk of serious harm, to another person

- For example, behaviours of concern that injured another person

Other reportable incidents

- For example, death, injury, abuse, etc.

When critical incidents occur, you must respond quickly. Doing so prevents the situation from escalating and further harming others. Your response will also vary on the type of critical incident that occurs. In general, you will follow your organisation's policies and procedures when managing any type of critical incident. Below are some examples.

Organisational Policies and Procedures for Responding to Critical Incidents	
Policies for Responding to Critical Incidents	Procedures for Responding to Critical Incidents
The best practices guide the service's staff and workers when managing behaviours of concern.	<p>Do the following steps when responding to behaviours of concern:</p> <ol style="list-style-type: none"> 1. Ensure the safety of all people involved before anything else. 2. Ask a staff member or another care worker to stay with the person involved. 3. Manage the behaviour according to the interventions outlined in the person's BSP. Restrictive practices must only be used as a last resort. 4. After everything has settled, find your supervisor and verbally report the incident. 5. Make a written report of the incident.
The service is committed to providing and ensuring a safe environment for its clients, staff and visitors. The service ensures this by adhering to Workplace Health and Safety (WHS) legislative and regulatory requirements and other relevant practices.	<p>Do the following when responding to accidents in the workplace:</p> <ol style="list-style-type: none"> 1. Ensure the safety of all people involved before anything else. 2. Apply first aid as required. Call Triple Zero (000) as necessary. 3. Complete an incident report as soon as practicable. 4. Report the incident to your supervisor. 5. Assist with the investigation of the incident. Depending on the circumstance, the scene of the incident may have to be secured for investigation purposes.



Lotus Compassionate Care

Access and review Lotus Compassionate Care's policies and procedures on critical incidents and incident reporting through the link below:

[Lotus Compassionate Care Handbook](#)

(username: newusername password: newpassword)

Reporting Critical Incidents

Revisit the case of Melba from Subchapter 2.2:

Critical Incident

Jenna is a support worker working with Melba, an 80-year-old diagnosed with dementia. She also has arthritis, making it difficult for her to move around. As such, she needs to use a walking frame to aid her.

It is part of Melba's routine to walk around the premises of her residential aged care facility. Jenna and Melba usually go on walks in the afternoon. During one of their walks, Melba's walking frame got caught on an uneven surface. She lost her balance and fell forward with great force. This resulted in a severe head injury and causing her to lose consciousness.

Recognising the emergency, Jenna quickly responds. She assessed Melba's condition and promptly contacted the nursing staff for assistance. Once medical help arrived and Melba was provided with the necessary care, Jenna filled out an incident report form and reported the incident as required to her supervisor.

As per Workplace Health and Safety laws, it is necessary to report to and notify your state/territory WHS regulator when an incident happens in the workplace. Notifiable incidents include the following:

- The death of a person
- A serious injury or illness
- A dangerous incident that exposes someone to a serious risk, even if no one is injured

Notifiable incidents may relate to anyone—an employee, contractor or public member.

Sourced from [Incident reporting](#), used under CC BY 4.0. © Commonwealth of Australia

Part of incident reporting includes notification of relevant supervisors regarding these incidents. This ensures that the incident is brought to their attention immediately. The process for notification will depend on your organisation's policies and procedures. You may consult your supervisor directly and verbally communicate a summary of the incident. Afterwards, you may be asked to fill out or write an incident report for a more detailed explanation of the incident. The supervisors will then report to the other high-ranking executives and health and safety officers (e.g. in-house doctor or nurse). Your presence may be required during this process.



Lotus Compassionate Care

Access and review Lotus Compassionate Care's incident report form through the link below:

[Forms](#)

(username: newusername password: new password)

Reporting the incident will help your workplace determine what future actions should be done to:

- Prevent or reduce the chance of the incident from happening
- Prepare in case incidents of a similar kind occur again

Doing this is a part of your health and safety obligation to the workplace, your fellow workers and the entire organisation. Promptly reporting the incident is also a prerequisite to complying with legal obligations on workplace health and safety. As WHS laws and regulations demand, your organisation will also report notifiable incidents to your state/territory WHS regulator.



In addition, all registered NDIS providers must notify the NDIS Commission of all reportable incidents. For an incident to be reportable, a particular act or event needs to have happened (or be alleged to have happened) in connection with the provision of support or services. This includes the following:

- Death of the person
- Serious injury to the person
- Abuse or neglect of the person
- Unlawful sexual or physical contact with, or assault, of the person
- Sexual misconduct, committed against, or in the presence of, the person, including grooming of the person for sexual activity
- Use of a restrictive practice where the use is not in accordance with an authorisation (however described) of a state or territory in relation to the person, or if it is used according to that authorisation but not in accordance with a behaviour support plan for the person



Sourced from [Resources to support incident reporting, management and prevention](#), used under CC BY 3.0 AU.
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Further Reading

Check the *Fact sheet: Incident reporting, management and prevention* sheet found on the link below for information on the reportable incident obligations and requirements of NDIS providers:

[Resources to support incident reporting, management and prevention](#)

Check the link below to learn more about the procedure for incident reporting in government-subsidised aged care:

[Serious Incident Response Scheme \(SIRS\)](#)

Checkpoint! Let's Review



1. When critical incidents occur, you must respond quickly to prevent the situation from escalating and further harming others.
2. Incident reporting is a prerequisite to complying with the following:
 - WHS laws and regulations
 - NDIS Commission requirements (for NDIS providers) and Aged Care Quality and Safety Commission requirements (for aged care services providers)
3. Reporting the incident will help your workplace determine what future actions should be done to:
 - Prevent or reduce the chance of the incident from happening
 - Prepare in case incidents of a similar kind occur again



3.6 Monitor Strategies to Determine Effectiveness



Monitoring behaviour support strategies is critical to determine if these addresses the person's behaviours of concern. If the strategies are suitable, you will know that you can continue implementing them. If they are unsuitable, you can consult with your supervisor to modify them instead.

To monitor behaviour support strategies, you will observe the person's response to the strategies before and after implementing these strategies. Through monitoring, you can identify the strategies' strengths and weaknesses. This will help you adjust future strategies as needed.

Monitoring is a process of observation, checking and recording of data over some time. Monitoring is usually done to check for changes in something. In disability and aged care support, an indicator of a behaviour support's effectiveness is the changes in the person's behaviour. Changes in behaviour may mean any of the following:

- The previously identified behaviours ceased to exist.
- You recognised other behaviours after the previously identified behaviours ceased to exist.
- You discovered other behaviours in addition to the previously identified behaviours.

It is also possible that there may not be any changes in the person's behaviours. This information is crucial as it indicates that the behaviours continue to exist and must be continuously addressed.

To monitor the effectiveness of support strategies, you must observe the following factors:

The frequency of behaviour

- How often the particular behaviour occurred during a certain period

The intensity of behaviour

- How severe the particular behaviour is each time it happens (e.g. measured by the level of risk posed to others)

The duration of behaviour

- How long the certain behaviour lasted each time it occurred

Proper monitoring requires that you note down observations about the abovementioned factors. You must do this regularly to track data, review it, and see what is happening. For example, increasing frequency and duration behaviour may indicate that a support strategy is ineffective. Remember to note down these observations according to your organisation's policies and procedures.

You will discuss your findings during your consultation with your supervisor. Consultations must be done regularly to ensure that you and your supervisor can monitor the outcomes of the strategies together. Regular consultations also allow you to do the following:

- Update your supervisor on the person's behaviour and progress
- Address any concerns that you might have about the person's behaviour and progress
- Brainstorm on possible behaviour support strategy alternatives
- Decide on adjustments to be made for future behaviour support strategies

These consultations are generally categorised into team meetings and staff support and development. Team meetings are usually conducted monthly to give updates, discuss issues and brainstorm solutions. Staff support and development are conducted between three to six months. This may involve providing training, skills-building or other related activities.

Checkpoint! Let's Review



1. Monitoring behaviour support strategies is critical to determine if these addresses the person's behaviours of concern.
2. If the strategies are suitable, you will know that you can continue implementing them. If they are unsuitable, you can consult with your supervisor to modify them instead.
3. To monitor behaviour support strategies, you will observe the person's response to the strategies before and after implementing these strategies.
4. You will discuss your findings during your consultation with your supervisor. Consultations must be done regularly to ensure that you and your supervisor can monitor the outcomes of the strategies together.



3.7 Identify and Report Any Changes in the Person's Needs and Behaviours



As mentioned in the previous subchapter, changes in behaviour may mean any of the following:

- The previously identified behaviours ceased to exist.
- You recognised other behaviours after the previously identified behaviours ceased to exist.
- You discovered other behaviours in addition to the previously identified behaviours.

It would be best if you also looked into the possible lack of changes in the person's behaviours. This indicates that the behaviours are still existing.

Recall that a person's behaviours are linked to any unmet needs they may have. Thus, changes in the person's behaviour may indicate that their needs are also changing.

If a person's behaviour becomes a concern or more challenging, this could signify those particular needs are not being met. For this reason, you must identify these changing behaviours and needs.

To identify any changes in the person's behaviours, you must do the following:

- **Note down all initial observations about the person's behaviours.** This initial observation will serve as a point of comparison with any subsequent observations. Look into the following:
 - **The frequency of behaviour** – How often the particular behaviour occurred during a certain period
 - **The intensity of behaviour** – How severe the particular behaviour is each time it happens (e.g. measured by the level of risk posed to others, etc.)
 - **The duration of behaviour** – How long the certain behaviour lasted each time it occurred
- **List all new behaviours observed.** This can include the following:
 - Behaviours that were not present before
 - Behaviours that are observed differently under the same situation or context
- **Record all initial observations and any subsequent observations over time.** Keeping records is important because these will allow you to see how the observed behaviours changed over time. In subsequent observations, you must also note the behaviour's frequency, intensity, and duration.

Remember to note these observations according to your organisation's policies and procedures.

To identify any changes in the person's needs, you must consult the person themselves. You may do this regularly (e.g. monthly basis) or when behaviour change becomes apparent. You can ask the following questions:

Are there any changes in the needs previously identified?

- Worsening of existing conditions (e.g. medical conditions that cause deterioration)
- Increasing levels of care (e.g. the person's condition worsened)

Are there any needs that are not being met?

- Mobility needs (e.g. need for mobility aids) associated with the disability
- Medical needs (e.g. need for pain medication to manage the person's condition)

Are there new needs that must be addressed?

- Help with ADLs (e.g. dressing up) when the person does not require help with this before
- Development of new conditions (e.g. incontinence)

Once you have identified changes in the person's needs and behaviours, you should report these changes to your supervisor.

Reporting can be done in the following ways:

Verbal report to supervisor

Written report for documentation

- **Verbal report to supervisor**

- Inform your supervisor in person about the changes you have noticed.
- Provide information about the factors that may have caused the change in needs and behaviours.
- Consult with your supervisor about the steps you can take to address the behaviour change.

- **Written report for documentation**

- Document the changes and add them to the person's records after reporting to your supervisor.
- Include the following in your report:
 - The changes in needs and behaviours
 - The date when you observed these changes
 - The ways how these changes affected the person and others around them
 - The factors that may have caused these changes
 - The steps taken to address the factors that caused the changes
- Save copies of your report according to organisational procedures.

When behavioural changes occur, the BSP and restrictive practices also need to be reviewed. Changes in behaviour can be positive changes or negative changes. If a behaviour support plan contains restrictive practices, these can be reviewed and faded out as behaviour goals are reached. When the behaviour of concern no longer requires restrictive intervention, the plan can be reviewed, and a new plan can be created. On the other hand, if the behaviour support plan does not address the behaviour of concern or worsens, the plan needs to be reviewed.

Checkpoint! Let's Review



1. Changes in the person's behaviour may indicate that their needs are also changing. If a person's behaviour becomes a concern or more challenging, this could be a sign that particular needs are not being met.
2. Once you have identified changes in the person's needs and behaviours, you should report these changes to your supervisor.
3. Reporting changes in the person's behaviours can be done in two ways:
 - Verbal report to supervisor
 - Written report for documentation



3.8 Make Referrals According to Organisational Policies and Procedures



A *referral* is a process of connecting the person to services outside of your area of expertise. Referrals are also made when a person challenges your ability to provide them with the support they need. A referral means asking other personnel to handle their care for a specific purpose. Below are other instances when the person must be referred:

- The person asks for support about a particular support need.
- The current service provider cannot meet the needs of the person.

Some of the people you may refer the person to include your supervisor and trusted and experienced coworkers. In some cases, specialists are also required. In essence, the type of referral will mainly depend on what the person requires. For example, a person with a speech impairment may be referred to a speech pathologist. A person who has a physical disability may be referred to a physical therapist. Someone who is experiencing emotional and psychological stress may need the help of a psychologist.

It is crucial that you fully familiarise yourself with the scope of your role. This just means the inclusion and limitations of your responsibilities in the disability and aged care support services sector.

Going beyond your scope of practice can lead to negative consequences. You may accidentally cause harm to the person if you do something outside of your work role or training. That is why it is essential to know your responsibilities and limitations. Some examples of needs and issues that are outside of your scope of the role include, but are not limited to:

Treatment of symptoms

Provision of psychological counselling

Diagnosis of medical conditions

Prescription of medication

Once you understand what you can and cannot do, you know what needs and issues you can and cannot address. You now have a grasp of the boundaries of your work. You must consult with your supervisor for needs and issues that fall outside the scope of your practice. During your consultation, you will discuss how to refer the person to other services or other staff to address the person's needs better.

The referral process will vary depending on the organisation's policies and procedures. In general, however, you may refer by doing these steps:

1. Identify the concerns or needs of the person that fall outside your scope of the role or the scope of your organisation's services.
2. Consult with your supervisor regarding the concerns and needs you identified.
3. Discuss with your supervisor who can best address the person's concerns or needs (e.g. a doctor for medication issues).
4. Obtain consent from the person or relevant others (e.g. family, carer) before discussing the available referral options. *Referral options* are the range of services to which the person can be referred for assistance, information or specialist intervention.
5. Coordinate with the identified staff or specialist who can address the person's concerns or needs.
6. Set a consultation meeting between the staff or specialist and person or relevant others (e.g. family, carer) as needed.

Referrals can be categorised in the following two ways:

Warm Referral	Cold Referral
A support worker discusses how other staff or specialist services can provide the person to gain their consent. Once the person consents, the support worker contacts the other staff or specialist services. This is to determine if the person's needs can be met and set an appointment. The support worker may go with the person to the first meeting and follow up to see the referral.	A support worker only provides contact details and basic information about the other staff or specialist services. The person then can contact the other team or services if they wish to.

As a support worker, your responsibility is to use warm referrals to other staff and support services. Doing so will ensure that their needs will be met and supported accordingly.

Referrals to Other Staff

A support worker can find working with various symptoms and acute medical conditions challenging. The enormous responsibility to care for such a person can cause stress for less experienced support workers. Combined with a lack of experience, this can cause challenges in managing the person. These factors can contribute to poor quality care that can endanger a person.

Consider the following examples:

A support worker who does not know Auslan or other communication methods

- They may have difficulty assisting a nonverbal person.

A support worker who has no training on learning disabilities

- They may have problems helping students with autism when implementing learning strategies.

A support worker who has no epilepsy treatment and management training

- They may have difficulty assisting a person during a recurring seizure.

It would be best to arrange for other staff to provide care in these scenarios and similar cases. It would be much better to refer the person to other staff. This lessens the risk of endangering the person or adversely affecting their well-being.

Another staff refers to any person in the workplace who may better understand the person's needs and may have worked with similar people in the past. These staff can include:

- Other support workers who have roles similar or identical to yours
- Doctors, teachers, therapists and other professionals who better understand the person's condition.

Referrals to Specialist Services

In some cases, the person may need support outside your organisation's expertise. When this happens, it is best to investigate and refer the person to other services to ensure that their needs will be met. Specialist services provide intervention programs to accommodate the specific needs of the person that fall outside the support worker's job scope. Consider the following scenarios:

- A support worker observes that a person is at risk of harming themselves. They may consult with the person's general practitioner. During the consultation, the general practitioner will complete the appropriate referral to health services that provide psychotherapy services.
- A support worker for older people suspects that a patient has brain tumour symptoms. They may refer the patient to an oncologist for diagnosis and treatment.
- A nurse observes that a patient suffers from severe post-traumatic stress after an accident. They may refer the patient to counsellors trained in cognitive and dialectical behavioural therapy.

As with seeking help from other staff, it would be better to refer older people and persons with disability to other specialist services. This lessens the risk of endangering their well-being. Some specialists to whom you can refer the person are the following:



The previous referral options are defined as such:

- **Psychologists** – They assess, diagnose, and treat problems related to mental health and other behavioural dysfunctions
- **Case managers (disability speciality)** – They assess the person with disability's needs and coordinate their care.
- **Specialist nurses** – They supervise and coordinates daily care activities for the person.
- **Speech and language pathologists** – helps the person with speech problems and using language.
- **Occupational therapists** – They assess functional limitations that result from illnesses or disabilities and provide therapy to address these limitations.
- **Prescribers** – They recommend and authorise medications for the person.
- **Social workers** – They connect the person with support services (e.g. housing, therapy, and care facilities).



Checkpoint! Let's Review



1. A *referral* is a process of connecting the person to services outside of your area of expertise. It means asking other personnel to handle the person's care for a specific purpose.
2. There are two instances when the person must be referred:
 - The person asks for support about a particular support need
 - The current service provider cannot meet the needs of the person
3. Depending on their needs, a person can be referred to other staff or specialist services.

Learning Activity for Chapter 3



Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

IV. Complete Documentation



Documentation refers to written material or report that serves as an official record of something. Documentation is vital in behaviour support because of the following reasons:

- Documentation serves as a means to communicate between support team members, making it easier for them to check and be updated on the person's needs.
- Documentation improves the consistency of care provided by the support team to the client.
- Documentation ensures that there is a point of reference when comparing the effectiveness of behaviour support strategies.
- Documentation allows the support team members to identify and track the person's needs and issues related to behaviour support.
- Documentation helps monitor the quality of behaviour support within the service.

All support providers require documentation regarding the persons in their care. It is crucial to keep detailed records of the care a person receives. These records serve the following purposes:

- Help other support workers better care for the person
- Provide proof of care if needed by a court or a family member
- Keep track of the person's medical or behavioural changes

This chapter will discuss creating accurate records for the people in your care. You will also learn how to keep these records to keep them private and confidential. These are essential because they help you follow legislation related to your job.

In this chapter, you will learn how to:

- Complete reports
- Complete, maintain and store documentation
- Comply with the person's right to access their records



4.1 Complete Reports



Part of your responsibilities is completing reports about the people in your care. *Reports* are written accounts of projects, events or anything that has been observed.

Examples of reports you may encounter include the following:

- Reports of behaviour or care changes
- Progress reports (health or behavioural)
- Incident reports (accidents, fighting, complaints)
- Critical incident reports (accidents, serious injuries)
- Mandatory reports (reportable incidents like abuse)

Reports are essential in the documentation process, as these serve as official accounts of the person's behaviour support provision. Reports will also serve as document references when updating the person's individualised behaviour plan.

When completing any workplace report, make sure you include all essential details. As much as possible, include the following:

Who was involved?

What happened?

Where did it happen?

When did it happen?

Why did it happen?

How did it happen?

Remember to do the following as well:

- Use formal but easily understandable language.
- Focus on objective information.
- Provide a clear picture of the incident.

Read the example of an incident report below:

Incident Report

Max and Greta got into a fight and went off on each other in the shared eating area. Max was eating some fruit snacks while Greta had oatmeal. They had snacks together at 3:00 PM. Max was annoying, and Greta lost her patience. She started yelling at him and causing a scene. Greta's care worker tried to calm her down while I tried to separate Max from the situation. Greta threw her spoon at Max, which was unnecessary. Max retaliated by threatening to hit Greta in the face. We separated the two and had them finish their meal at different tables.

This is an example of a bad incident report because of the following reasons:

- It contains irrelevant information about what the two people involved were eating.
- It has opinions, such as 'Max was annoying'.
- It contains informal language, such as '...went off on each other'.
- It does not provide a complete picture of the incident.

Here is an example of how the report can be improved:

Incident Report

This afternoon at 3:00 PM, Max had an incident in the shared eating area. He was eating at a table with another resident named Greta. Max was teasing Greta throughout the meal. Greta expressed annoyance and asked him to stop. I also told Max to stop teasing as it was upsetting Greta.

Max continued to tease Greta until she began yelling at him and calling him rude. Greta's care worker interfered and spoke to Greta to calm her down. I told Max to get up and move to another table. Before separating them, Greta threw her spoon and hit Max in the face. Max then threatened to hit Greta back. We separated the two and had them finish their meals at different tables.

I asked Max if he was hurt and checked him for injuries. The incident did not leave a mark on his face. He also expressed that he was not injured. When asked why he provoked Greta, Max responded that he was having fun.

The second example is a better incident report because of the following reasons:

- It answers who, what, where, when, why and how questions.
- It uses more formal language.
- It focuses on objective information.
- It provides a clearer picture of the incident.

Multimedia



The video below provides a general guide on how to write good incident reports:

[Incident Report Writing](#)

Your workplace will have its own policies and procedures for reporting. These policies and procedures must be followed when completing reports as well. The table below shows examples of a provider's reporting policies and procedures.

Organisational Policies and Procedures for Reporting	
Policies for Reporting	Procedures for Reporting
<ul style="list-style-type: none"> ▪ Report all incidents involving the following: <ul style="list-style-type: none"> ○ Behaviour of concern ○ Illness ○ Change in behaviour ○ Use of unauthorised or unregularised restrictive practices ○ Injury ▪ Verbally report any incident that requires an emergency response to your supervisor. 	<p>Do the following when reporting an emergency:</p> <ol style="list-style-type: none"> 1. Ensure the safety of all people involved before anything else. 2. Ask a staff member or another care worker to stay with the person concerned. 3. Find your supervisor and verbally report the incident. 4. After everything has settled, make a written report of the incident.



Checkpoint! Let's Review

1. Reports are essential in the documentation process, as these serve as official accounts of the person's behaviour support provision.
2. Reports will also serve as document references when updating the person's individualised behaviour plan.
3. A good report contains the following information:
 - Who was involved?
 - What happened?
 - Where did it happen?
 - When did it happen?
 - Why did it happen?
 - How did it happen?

4.2 Complete, Maintain and Store Documentation



Good documentation is essential in support services. It allows you to access the necessary information and ensure that you can provide evidence of care if needed. In addition, documentation is crucial to the continuity of quality support service. This means all those involved in the person's care must have access to the necessary documents within the plan. Failure to follow documentation requirements may negatively affect the quality of the service. This can lead to the person being unhappy with their support.

Good documentation involves the following:

Completing documentation

Maintaining documentation

Storing documentation

All the above steps must be done according to organisational policies and procedures.

1. Completing documentation

Completing documentation means having a record of important information about a person. This includes their medical records, individualised behaviour support plan and any report. It also includes the contact details of their family and other carers. To ensure that you have complete documentation, you can take the following steps:

Make a checklist of records needed.

Check existing records against the checklist.

Create missing records.

To record workplace information, you should know your organisation's record-keeping policy. You should complete any document relevant to your work. These documents may include the following:

- Records of people in your care (e.g. information about the people you give support to)
- Records of interventions used (e.g. restrictive practices)
- Reports of abuse or suspected abuse to the people in your care
- Data collected from the person (e.g. fluid intake, bowel movement, sleep charts)

You can record the information digitally, in writing or both. When completing documentation, remember to do the following:

- Know how to use your workplace's record-keeping system.
- Follow the format for keeping records. This will make it easier for other care team members to understand them.
- Be accurate. Use concise language. Avoid jargon and unnecessary phrases. Inaccuracy can cause miscommunication and medical errors.
- Remain objective.
- Add details appropriate to the specific document you are filling out.

2. Maintaining documentation

Maintaining documentation means making sure that all documents are up to date. To do this, make sure to record and file any new updates about the person. These new updates may include the following:

- Changes in the person's medication
- Changes in the person's health status
- Changes in the family or carer's contact information
- Changes in the person's behaviour
- Changes in the person's care details

Recording and filing new updates will generally depend on your organisation. For example, some will require doing so once there are updates on the person's information. To be sure, refer to your organisation's policies and procedures on when to do this.

3. Storing documentation

Proper storage of workplace information ensures that the records are safe and secure. This means they are safe from unauthorised use, personnel damage, loss or access. To safely store info, you can do the following:

- Store physical files where you can protect them from physical damage.
- Store files in the correct folders based on your organisation's system for digital files.
- Make sure you will remember where you put your files.
- Make sure you keep your files where they will remain confidential. Have them password-protected when necessary. This depends on your organisation's policy.

When completing, maintaining and storing documentation, abide by organisational policies and procedures. Your organisation's policies and procedures may include the following requirements:



Style guide

Records storage

Privacy, confidentiality and disclosure

- **Style guide**

A *style guide* sets the standards to follow when recording data. The guide helps maintain a consistent style, voice and tone in all documents. This consistency makes the documents easier to read. You need to keep this in mind, as other person's support team members will use their records for their care.

Style guides for documentation may vary depending on the organisation you belong to. So, remember to check your organisation's style guide before you document.

- **Records storage**

As a support worker, it is part of your responsibility to securely store all documents and reports within your organisation's database. This is to prevent unauthorised access, damage, destruction or loss of the person's information.



As with the style guide, requirements for storing the person's documents depend on your organisation. Make sure to check these requirements once you have finished documenting your findings.

- **Privacy, confidentiality, and disclosure**

The person has the right to decide what information others can know and what should be kept confidential. As you will be handling the person's information, you must ensure that they remain confidential. These documents should be free of information that is not relevant to the organisation. You must remember to adhere to your organisation's privacy policy when documenting their development and care needs.

You must also consult with the person on what information in the documents can be shared with others. Refer to Subchapter 4.3 of this Learner Guide for further discussion.

Your organisation's policies and procedures regarding documentation may be found in your staff handbook. You may also clarify these through your supervisor.



Further Reading

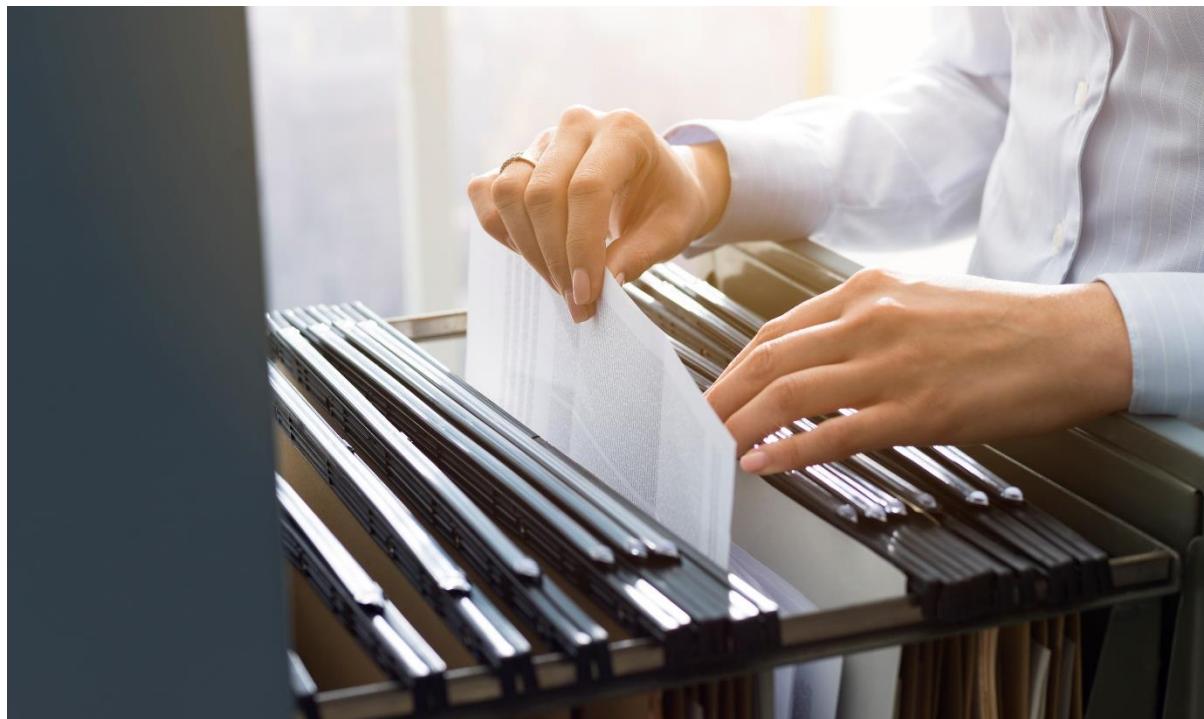
The link below shows an example of a record management policy:

[Records Management Policy](#)

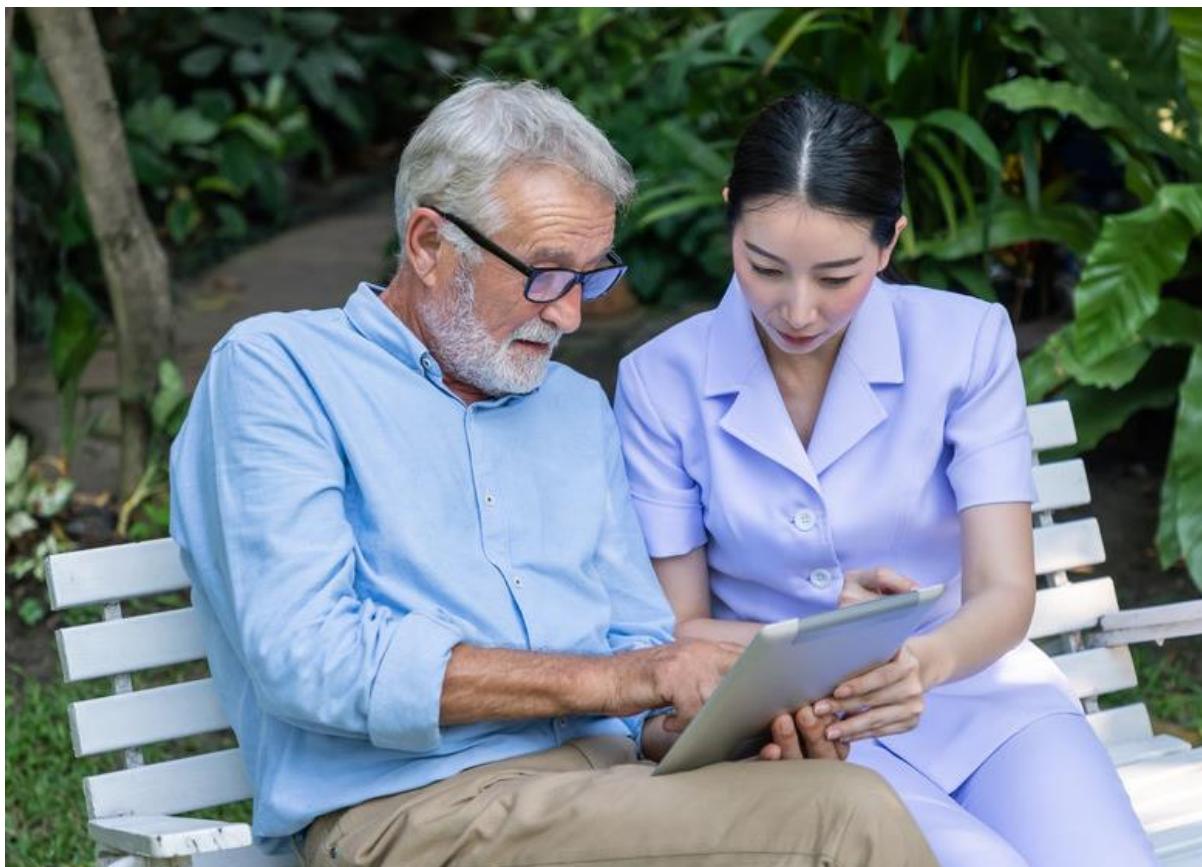
Checkpoint! Let's Review



1. Good documentation is essential in support services. It allows you to access the necessary information and ensure that you can provide evidence of care if needed.
2. Good documentation is also crucial to the continuity of quality support service and involves the following:
 - Completing documentation
 - Maintaining documentation
 - Storing documentation
3. Completing documentation means having a record of important information about a person.
4. Maintaining documentation means making sure that all documents are up to date.
5. Proper storage of workplace information ensures that the records are safe and secure. This means they are safe from unauthorised use, personnel damage, loss, or access.



4.3 Comply With the Person's Right to Access Their Records



According to the Australian Privacy Principle (APP) 12, individuals have the right to access personal information about themselves. *Accessing personal information* means the person asks for a copy of their records or documents from an organisation. They may request a digital or physical copy of these records or documents.

A person may want to access their information for several reasons:

- They want to have a personal copy of their records or documents.
- They need to submit a copy of their records or documents to fulfil a requirement for something (e.g. insurance).
- They need to give a copy of their records or documents to an individual or organisation that requests it.

When the person requests to access their records, you and your organisation must comply. The process for releasing the document will vary from one organisation to another. Thus, you must first confirm what the steps are.

Below is an example:

Organisational Policies and Procedures for Releasing Information to the Person	
Policies for Reporting for Releasing Information to the Person	Procedures for Reporting for Releasing Information to the Person
<ul style="list-style-type: none"> ▪ All information about the person is treated as confidential. Information may include personal information (e.g. name, address) and other records (e.g. medical). ▪ No information about the person will be released without consent from the said person. 	<p>Do the following steps when releasing information to the person:</p> <ol style="list-style-type: none"> 1. Verify the identity of the person claiming the documents (e.g. check for identification documents). 2. Confirm that the person submitted the appropriate forms to request the release of information. 3. Ask the person to sign the acknowledgment receipt upon receiving the document.

In addition, you and your organisation may refuse to release the requested information under the following circumstances:

- The organisation reasonably believes that giving access would pose a serious threat to the life, health or safety of any individual or public health or public safety.
- The shared access would have an unreasonable impact on the privacy of other individuals.
- The access request is frivolous or vexatious.
- The information relates to existing or anticipated legal proceedings between the organisation and the individual and would not be accessible by the process of discovery in those proceedings.
- The shared access would reveal the intentions of the organisation in relation to negotiations with the individual in such a way as to prejudice those negotiations.
- The act of sharing access would be unlawful.
- The act of denying access is required or authorised by or under Australian law or a court/tribunal order.

- The organisation has reason to suspect that unlawful activity, or misconduct of a serious nature, that relates to the organisation's functions or activities has been, is being or may be engaged in and giving access would be likely to prejudice the taking of appropriate action in relation to the matter.
- The act of giving access would be likely to prejudice one or more enforcement-related activities conducted by, or on behalf of, an enforcement body.
- The act of giving access would reveal evaluative information generated within the organisation in connection with a commercially sensitive decision-making process.

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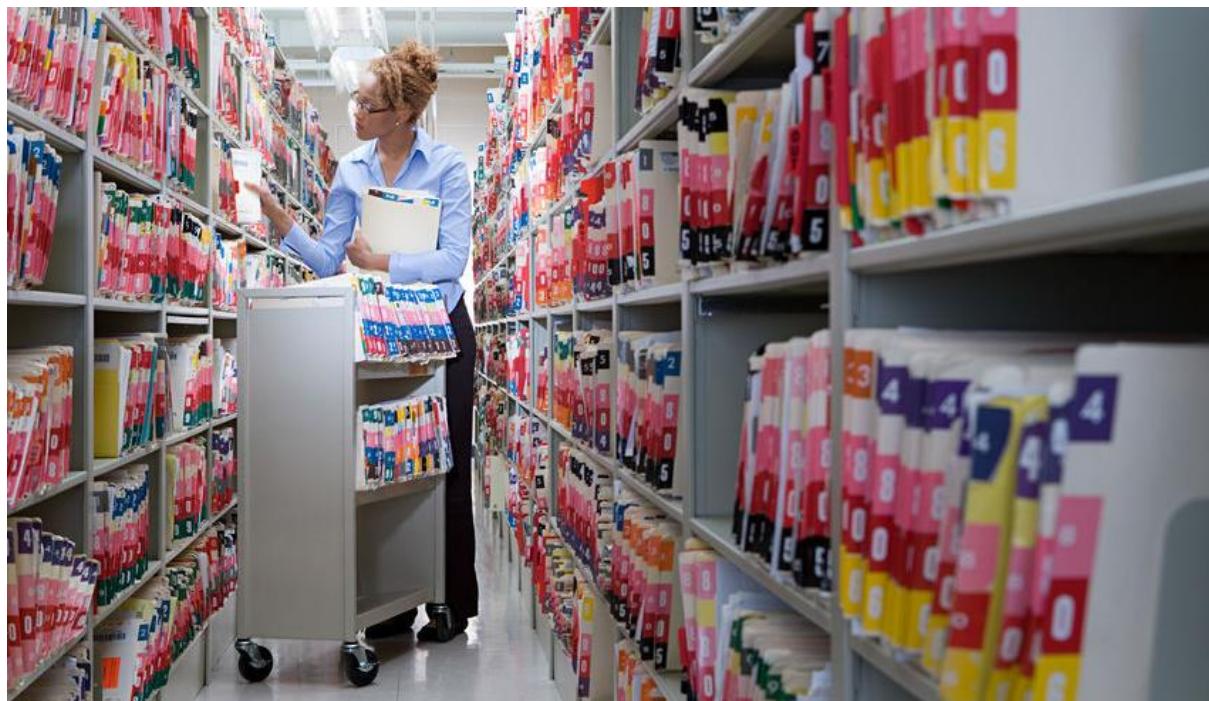
In instances where access is not given to the person, the organisation must give them a written notice detailing the reason for such refusal.



Further Reading

Read the Australian Privacy Principle 12 in greater detail in the link provided below:

[Chapter 12: APP 12 — Access to personal information](#)



Checkpoint! Let's Review



1. According to the Australian Privacy Principle (APP) 12, individuals have the right to access personal information about themselves.
2. Personal information includes personal records or documents held by an organisation.
3. When the person requests to access their records, you and your organisation must comply.
4. In instances where access is not given to the person, the organisation must give them a written notice detailing the reason for such refusal.



Learning Activity for Chapter 4

Well done completing this chapter. You may now proceed to your **Learning Activity Booklet** (provided along with this Learner Guide) and complete the learning activities associated with this chapter.

Please coordinate with your trainer/training organisation for additional instructions and guidance in completing these practical activities.

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