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leading quality in community services

Management of Behaviours of Concern in the Community

PRACTICE GUIDELINES

COMPETENCIES

SCOPE

This guideline applies to the provision of paid support services in the community. They are relevant Australia-wide or when a client is travelling overseas with their Australian team of support worker/s.

DISCLAIMER

This guideline is provided to help guide best practice in the disability, aged care and community support industry. This information does not in any way replace legislative, regulatory, or contractual requirements. Users of this document should seek appropriate expert advice in relation to their circumstances. ACIA does not accept any liability on the use of this guideline.

PURPOSE

This guideline is to assist:

- Service providers (organisations and individuals), clients and stakeholders in understanding the requirements in the management of complex behaviours in the provision of home and community services. The focus is on the implementation of a Positive Behaviour Support (PBS) Plan and to assist with reducing or eliminating the need for Restrictive Practices. Any use of Restrictive Practices must be part of a PBS Plan, developed by a qualified practitioner with appropriate credentials.
- Ensure that the needs of clients with behaviours of concern are managed effectively and against the Plan.
- Ensure that all restrictive practices (including chemical) are reported in a timely manner.
- Promote dignity, independence and safety of clients.
- To ensure there is only a minimal use of restraint and any restraint that is used is of the least restrictive type.
- To ensure all other methods for managing challenging behaviours are considered and implemented before using a restraint.
- To ensure that clients who are restrained are safe and are regularly observed and monitored.
- Reinforce the importance of personal sovereignty – the capacity for people to lead lives of their choosing. It is based on the foundation of Australian law which provides every citizen, irrespective of disability or age, with rights that are a cornerstone of our society.
- Ensure that, in circumstances where it is necessary to use a restrictive practice, it is implemented legally, ethically, minimally, with sufficient safeguards and regular review.
- Clarify that restrictive practices should only occur within the context of positive behaviour support planning and practice.

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DESIRED OUTCOME

- Reduce and eliminate the need for Restrictive Practices in the home and community setting and achieve and implement their documented Positive Behaviour Support Plan (PBSP) relevant to each individual Client's needs. (Australian Government, 2022)
- To maintain quality and safe standard of care and supports.
- Protect and safeguard clients.

BACKGROUND

- The Positive Behaviour Support Plan (PBSP) is central in providing positive behaviour support to an individual and aims to apply strategies that respond to challenging behaviours or behaviours of concern and reduce and/or eliminate the use of Restrictive Practices by addressing the underlying causes of the behaviour.
- This involves ensuring that the environmental, social and health (including mental health) needs of the Client, who is displaying the behaviour of concern, are being met by developing and implementing a plan that:
- Ensures the Client feels safe and addresses complex dynamics in the home environment
- Provides opportunities for community participation and support for the Client to exercise genuine choice and control, including through supported decision-making
- Addresses the health needs of the Client utilising a holistic approach, including understanding possible mental health needs like feelings of anxiety and depression.
- A PBSP is developed once a Functional Behavioural Assessment has been conducted and should be developed with the assistance of parents/carers, support workers and school personnel to ensure a holistic assessment of the Client is obtained.
- In some cases, the use of a Regulated Restrictive Practice may be required when the Client's behaviour presents as a safety risk to either the Client or another person. There are strict guidelines around the use and reporting of a Regulated Restrictive Practice which should only be used when all other options are exhausted. The use of restrictive practice should be minimal and included in the PBSP with the goal of working towards it being progressively reduced and eliminated as other strategies are successfully introduced.
- Service Providers should ensure that teams carrying out assessments and delivering interventions have the training, education, professional development and supervision to ensure necessary skills and competencies that reflects best practice

For anyone who has worked with vulnerable clients, including the elderly and persons with a disability, there are frequently periods where restraint has been considered the only option compared to the risk of injuring themselves or others. This may be due to cognitive decline, limited memory, or poor reasoning capacity (Hofmann & Hahn, 2014). However, what is clear from the literature is restraint can have elongated and detrimental side effects that can impede ongoing functioning and can impact cognition (Cotter, 2005). Mechanical restraint in one study was reported to be used in 13% of clients predominantly used to control aggressive behaviour (29%), prevention of falls (19%), and general protection (19%) (Capeletto et al., 2021). Physical restraints can result in death from asphyxiation or strangulation (Miles, 2002; Parker & Miles, 1997). They are additionally highly likely to result in acute functional decline, pressure ulcers, incontinence, and an exacerbation of behaviours (Hofmann & Hahn, 2014; Koczy et al., 2011). Chieze et al. (2019) reported results following a systematic review that included; increased agitation, feelings of being punished, loneliness, and helplessness, as well as potentially some reported cases of Post Traumatic Stress Disorder. Strategies to reduce the utlisation of restraints invovled increased education and knowledge base for staff (Brugnolli et al., 2020; Koczy et al., 2011), assistive surveillance technology (Te Boekhorst et al., 2013), engagement of specialists (Cotter, 2005), review of medications, increased supervision (Brugnolli et al., 2020) and development of therapeutic relationships (Chieze et al., 2019). Further insights into creating safe environments for clients to exercise dignity of risk remain a journey for the health sector.

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DEFINITIONS & SUPPORTING INFORMATION

Support Worker - A paid person who assists people to perform tasks of daily living so as to participate in social, family and community activities in the person's home and their community. Support Workers have been commonly known in the past as attendant care worker, disability worker, aged care worker, community worker, homecare worker, care worker or paid carer.

Service Provider - Organisation or person accountable for the delivery of supports to Clients.

Carer - a person that provides supports to the Client at no cost (generally family or friend).

Support Worker Competency - trained and assessed as competent by a Registered Nurse or a person deemed competent by the provider to safely and appropriately perform a specified task as a support worker.

Client means the service user, participant, user, care recipient, consumer or person receiving the nursing or support services.

Plan means a Service Plan, Support Plan or Individual Plan (however titled – the plan) is a document developed in response to a request for service. It is developed by a Registered Nurse or a person deemed competent by the provider from the service provider, prior to the commencement of service delivery. It outlines the expected outcomes of the requested care/services and the tasks, duties and interventions required to meet the care and service needs of the client (within the parameters of the funding program). The plan guides and directs the individual support worker or Registered Nurse in their day-to- day delivery of the services.

Registered Nurse means a person who has completed the prescribed educational preparation, demonstrated competence for practice, and is registered and licensed with the Australian Health Practitioner Regulation Agency (AHPRA) as a Registered Nurse.

Competent means having been trained and assessed by a registered nurse or enrolled nurse or approved assessor as competent to safely and appropriately perform a specified task.

A behaviour of concern is any behaviour which causes stress, worry, risk of or actual harm to:

- The person with Dementia or other condition which results in behaviours of concern; and/or
- Care staff, family members or those around them.

Examples of behaviour of concern may include:

- Verbal disruption;
- Physical aggression;
- Repetitive actions or questions;
- Resistance to personal care;
- Sexually inappropriate behavior;
- Refusal to accept service;
- Problems associated with eating;
- Socially inappropriate behavior;
- Wandering or intrusiveness; and
- Sleep disturbance.

Behaviour Support Practitioner: A professional person, with appropriate training, skills and/or experience in the management of complex and/or challenging behaviours, considered suitable to undertake behaviour support assessment (including functional behavioural assessments) and to develop behaviour support plans that may contain the use of Restrictive Practices.

Complex Behaviours are also referred to as behaviours of concern are those of such intensity, frequency or duration as to threaten the quality of life and/or the physical safety of the individual or others and is likely to lead to responses that are restrictive, aversive or result in exclusion. Any behaviour displayed by a person which is considered challenging or inappropriate by others, or which gives rise to reasonable concern, may be considered as challenging. However, the use of the term challenging should be understood in terms of the social context in which behaviour occurs, rather than a symptom of individual pathology.

Consent: The term consent refers to permission given by a person with capacity to do so, or person(s) with legal authority to do so, on behalf of the person. For consent to be valid it must be voluntary, informed, specific and current. A person must be free to exercise genuine choice about whether or not to give or withhold consent, but it is only genuine if the person giving consent has the capacity and authority to do so.

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Functional Behavioural Assessment is a functional behavioural assessment is conducted by a suitably qualified and skilled specialist such as a psychologist, psychiatrist, education or health professional. It is the process for determining and understanding the function or purpose behind a person's behaviour, and may involve the collection of data, observations, and information to develop an understanding of the relationship of events and circumstances that trigger and maintain the behaviour.

Positive Behaviour Support Plan (PBSP): A Positive Behaviour Support Plan is one that reflects the needs of the Client with complex behaviours which aims to improve their quality of life and supports their progress towards positive change. The plan progresses towards the reduction and elimination of Restrictive Practices, where these are in place for the Client. To ensure effectiveness, implementation of the PBSP should be undertaken by parents/carers, support workers and school personnel (where indicated).

Prohibited Practice: Prohibited Practice is any practice which interferes with a client's basic human rights, are unlawful or unethical in nature, and are incompatible with the objects and principles of the Disability Inclusion Act 2014. The Quality of Care Principles 2014 has been amended to include Minimising the Use of Restraints . If an organisation uses restrictive practices such as physical or chemical restraint, these are expected to be consistent with best practice and used as a last resort, for as short a time as possible and comply with relevant legislation.

Chemical restraint means a restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person's behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition. Chemical restraint is the control of a client's behaviour through the intentional use of medications and where there no medical condition that is being treated.

Physical restraint means any restraint other than: (a) a chemical restraint; or (b) the use of medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition. This guidance adopts the general principle that restrictive practices are only implemented as a last resort; are implemented for the least amount of time possible; are recorded, monitored and reviewed; have tight safeguards in place that are focused on minimising risk to consumers, staff, and others; and are undertaken with a focus on ensuring decency, humanity and respect at all stages. The intentional restriction of a client's voluntary movement or behaviour by the use of a device, or removal of mobility aids, or physical force.

Environmental Restraint – Environmental restraint is the restriction of movement by the client without the client/ support decision maker's explicit and informed consent. Environmental Is to restrict a person's free access to all parts of their environment, including items or activities.

Aversive treatment practices/punishment - An aversive practice is one that uses unpleasant physical, sensory or verbal stimuli, e.g. any voice tone, command or threat that is used to limit a client's mobility in an attempt to reduce undesired behaviour. :

GUIDELINE

- The behaviour needs of the clients are identified on admission in consultation with the client (where appropriate), support decision maker, medical officer and specialist if required.
- The assessment for behaviours is carried out during assessment period. If the client has behaviours of concern, these are recorded and staff document interventions that are effective and not effective.
- An individual care plan noting the behaviour and what triggers certain types of behaviour is developed. Interventions are evaluated regularly to ensure ongoing effectiveness.
- Incident reports are used to capture accident/ incident behaviours which include aggressive, abusive (verbally and physically) as well as inappropriate behaviours.
- Exception reporting of client behaviour is captured on the progress notes.
- Data on Client aggression is collected and evaluated monthly
- Management of behaviours is complex and requires at times a diverse multidisciplinary approach. This is achieved with the referral to appropriate treating professionals who are appropriately skilled and qualified.
- Any behaviours of concern that pose a risk to the safety and well-being of others should have a client risk safety assessment completed to ensure that appropriate risks are managed and mitigated in accordance with the individual needs and preference of the client and their support decision maker.
- Behaviours of concern will be managed through the utilisation of non-pharmacologic interventions, pharmacologic interventions are at the discretion of the treating medical officer.

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All Support Workers have an obligation and duty of care to:

- Comply with industry-related standards of equity, justice, fairness, and compassion in dealing with others within and beyond the organisation;
- Perform all duties responsibly and professionally, as guided by organisational policies, legal obligations and the client's needs and choices;
- Act appropriately when a conflict arises between you and the client and escalate concerns immediately in line with the Service Provider's process.

Restraint Free Approach

Clients are to be treated in a fair and equitable manner when seeking access to support and services and are involved in identifying their needs and support to meet their assessed needs to achieve desired outcomes

Ideas to support a restraint free approach:

- Model positive behaviour;
- Be consistent;
- Set clear expectations;
- Explain what you are going to do (your actions);
- Try not to rush and act calmly;
- Acknowledge positive efforts;
- Evaluate and review successes;
- Minimise boredom;
- Identify early warning signs/agitation and changes early;
- Enhance opportunities for decision making;
- Show respect and treat the person with dignity at all times;
- Ensure they are not in pain or have needs not being met;
- Check they are not sick or have an underlying medical issue;
- Ensure they get enough sleep;
- Are they going through a stage of grief or loss;
- Ensure they are not trying to communicate a need, for example that they are hungry, thirsty, want or don't want to do something, that they are lonely or bored;
- Ensure the environment is suitable, for example too noisy or quiet, too hot or cold, they can't reach something;
- Have consistent staff that the person enjoys having around;
- Have consistent routines that support the needs of the person;
- Have the behaviour support plan or plan of care reviewed;
- Document and track trends in behaviours;
- Call for help if you need to!

Restrictive Practices

- Restrictive Practices is the general term used for all practices which are used with the intention of influencing or changing behaviour. People requiring physical or intellectual support have the same rights and responsibilities as anyone else in the community. Their support services must promote the quality of life, uphold the dignity and safeguard the rights of the client. Where support strategies are used with the intention of influencing or changing behaviour they must be sanctioned by means of a documented Behaviour Support Plan (BSP) or Incident Prevention and Response Plan (IPRP) which has been developed by qualified practitioners. Restricted Practices have additional control and must be informed by strict written guidelines which provide clear conditions and limitations on their use. Implementation of a Restricted Practice requires both legal consent, and authorisation by a Restricted Practice Authorisation Panel (RPAP). This applies to children, teenagers and adults.
- Beyond that which is reasonably required to ensure safety, prevent harm or to comply with legal requirements, e.g. the requirement to wear a seat belt in a moving vehicle. However, recommendation of additional devices such as seat belt covers which prevent a person's access to the release mechanism of a seat belt is a Restricted Practice.
- Physical restraint does not include physical assistance or support related to involuntary movement, daily living routines, eating, function support, aids or other safety devices used to prevent injury, which are commonly used for specific medical, dental and surgical treatment and where the person does not resist. However, all such strategies must be consented to, clearly documented, linked to distinct outcomes and endorsed by a Practitioner from a relevant discipline (e.g. Occupational Therapist, Physiotherapist).
- Where any concerns arise in relation to:
    1. the appropriateness or degree of physical assistance recommended in support of an individual;

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2. whether or not a client has the capacity to demonstrate their objection to physical contact; or
3. whether or not a carer or care worker can identify a distinct behaviour or set of behaviours as an attempt by the client to demonstrate their objection to physical contact, these concerns should be directed immediately to line management for review.

- **Restricted access** - The recommendation to use physical barriers such as locks or padlocks or impose enforceable limits or boundaries in an environment beyond normally accepted community practices (e.g. keeping hazardous chemicals or cleaning products securely stored, keeping a wardrobe door or front door locked) in order to limit a person's access to items, activities or experiences, with the intention of manipulating a particular behaviour or managing the risk associated with it.

Responsibilities

- Staff will make sure:
  - That they understand the content of this policy
  - That their actions reflect the requirements of this policy.
  - That they report an observed incident that they consider to be Restrictive Practice or Prohibited Practice.
- Managers will ensure:
  - Client Intake procedures provide a rigorous assessment of all potential Behaviours of Concern.
  - Behaviours of Concern are supported by a Behaviour Support Plan or Incident Prevention and Response Plan (IPRP).
  - Any potential client with an established or pending Restricted Practice Authorisation will need to be approved by the Manager.
  - Staff are aware that legal consent, and authorisation by a Restricted Practice Authorisation Panel (RPAP) are required before any Restricted Practice can be implemented or supported.
  - Staff must be able to understand and recognise examples of Restrictive, Restricted and Prohibited Practices.
  - Staff who support clients with identified Behaviours of Concern will have sufficient training to adequately implement Positive Behaviour Support Strategies
  - Staff must immediately report any unauthorised instances of Restricted Practice or Prohibited Practice that they witness to their superior and record this instance as a case on the client file. This reporting requirement also applies to witnessing Restrictive Practice or Prohibited Practice by a parent or guardian of a client. If a staff member does not believe that their report has been appropriately acknowledged or actioned please register the report directly with the Manger.

Obligations as a Service Provider:

- All Restrictive Practices must be investigated and documented
- All behaviour support plan that contains a regulated restrictive practice needs to be reviewed every 12 months or earlier if the Client's circumstances change
- A positive behaviour support must be developed by a Behaviour Support Practitioner
- Use of restrictive practice is authorised in accordance with the jurisdiction that the client is funded by

Providers will need to be aware of and comply with any relevant requirements in their state or territory in relation to seeking authorisation of consent and reporting to the use of a restrictive practice.

The restrictive practice must be viewed as a last resort, have a time limited strategy and a regular review of the practice must be planned.

The Service Provider responsible for implementing the strategies in the behaviour support plan will ensure that the requirements of the PBSP are met within the scope of their funding. They will provide guidance to their staff who support Clients with challenging behaviours to work as an effective team in meeting the goals and desired outcomes of the PBSP which includes timely reporting of any changes in Client behaviours.

The Service Provider, who has identified that they will deliver services to Clients with challenging behaviours within their quality framework scope, should appoint a Senior Manager who is familiar with the operational considerations around the use of a Restrictive Practice in the intended service setting, who will chair/participate in the RPA Panel. Service Providers may have their own internal policies and procedures to support Senior Manager's decisions to provide interim authorisation for the use of Restrictive Practice. The Senior Manager, where possible, should be separate to the person responsible for the implementation of the Restrictive Practice within the organisation.

Support Workers must have completed competency-based training and have been signed off by a suitably qualified and skilled person - relating specifically to the Client situation and PBSP and understanding the basic anatomy relating to their disability that

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causes behavioural issues. They should have an understanding of Restrictive Practice and the importance of their role in providing services to Clients with challenging behaviours including reporting changes in behaviour and responding to emergency situations. This training will be supplemented by training that supports the individual Client requirements.

The progress and effectiveness of implemented strategies are evaluated through regular engagement with the Client, and by reviewing, recording and monitoring data collected by providers implementing behaviour support plans.

Whilst managing challenging behaviours may be an important part of the support worker's role, it is not acceptable for workers to be injured. Support workers must report early signs of challenging behaviours and talk about any concerns with the supervisor or at team meetings. Early reporting enables earlier intervention to act. Service Providers have a duty of care to do all things possible to prevent or minimise any harm that may occur as a result of challenging behaviours.

Restrictive Practices should only be used in very limited and specific circumstances, as a last resort, and utilizing the least Restrictive Practice and for the shortest period of time possible under the circumstances. Restrictive Practices should only be used when they are proportionate and justified to protect the rights or safety of the person or others.

It is recommended that the reduction of Restrictive Practices is a high priority and that service providers are committed to providing the infrastructure to achieve evidence based practice.

It is important where a Restrictive Practice is used, it is legally authorised, administered safely, minimally and for the shortest period of time with the least infringement of the rights of the person with a disability, if and only if all other reasonable, less restrictive alternatives have been trialed.

The provider is required to demonstrate that restrictive practices are only used when absolutely necessary, as a last resort and in accordance with professional guidance and best practice. The provider must regularly monitor the client for signs of distress or harm while the client is subject to the restraint.

Supporting the Rights of Individuals

- It is intended that Service Providers support the rights of individuals to be treated with dignity and respect, and also promotes individual freedom of expression.
- Individuals are supported in accordance with the United Nations, Conventions of Rights of persons with Disability 2006, the National Standards for Disability 2013, the National Quality and Safeguards Framework 2016 and The Aged Care Quality Standards 2019.
- All Restrictive Practices must operate in conjunction with all the relevant legislation, policies, guidelines and standards that upholds the rights of individuals, including those pertaining to Restrictive Practices throughout service provisions.
- As early as possible in planning for the Client's service, the Service Provider should ensure steps are taken to ensure that a PBSP is developed (that includes strategies and techniques) by a suitably qualified and skilled person (known as a Behaviour Support Practitioner) that is consistent with best practice and meets the requirements set out in the legislation.
- A Behaviour Support Practitioner (Disability) or Approved Health Practitioner (Aged Care) will be responsible for conducting a person- centred behavioural assessment and develop a PBSP which captures the Clients clinical and other support needs. This may include a history of behaviours of concerns and past interventions, physical and mental health, risk assessment, psychosocial development, cognitive abilities, communication skills quality of life (including quality of family life), mediator analysis and systems and ecological analysis.
- They will oversee and support the implementation of the behaviour support plan consistent with the understanding of the individual's needs, supports and strategies to address unmet needs, risks and behaviours of concern. They will
- provide effective instruction, training and coaching, oversight, advice and feedback to Service Provider staff and informal supports. A critical role of the authorisation process is to support the reduction and elimination of the use of Restrictive Practices and to ensure that when they are used, the least restrictive option is implemented.

There are three key areas to ensuring the plans will be implemented successfully:

1. Involve all interested people, including the person with a disability and their family members and/or advocates, in planning from the outset (assessment phase) to gain commitment from everyone who will need to implement the plan
2. Make sure the plan is written in plain English and that all support people and family members know how to implement it to ensure consistency
3. Provide a timely follow-up to resolve any issues that may arise and remind everyone what they need to do.

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RESOURCE DOCUMENTS

- External ACIA Guidelines 002 – Care and Service Provision in the Community
- Australian Community Industry Standards ACIS
- National Disability Insurance Scheme
- Aged Care Quality Standards

- Australian Government. (2022). Joint Statement on the Inappropriate Use of Psychotropic Medicines to Manage the Behaviours of People with Disability and Older People. Retrieved from https://www.safetyandquality.gov.au/sites/default/files/2022-03/joint_statement_on_the_inappropriate_use_of_psychotropic_medicines_to_manage_the_behaviours_of_people_with_disability_and_older_people.pdf
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