E.07 Behaviour Support

1.0   INTRODUCTION/BACKGROUND

The values and philosophy of Mercy Services and society's laws direct us to keep workers, clients and others safe.

The 'client centred' and 'strengths based' approaches taken at Mercy Services mean our primary focus is on assisting clients to achieve their goals and aspirations. The clients with behaviours of concern also have other more positive behaviours that they desire to display and be known by. Any intervention on behaviours of concern starts with identifying these positive alternatives and aspirations.

A behaviour of concern is any behaviour which causes stress or distress to the person with the behaviour or any others interacting with them.

Behaviour of concern is defined as including:
- Self-injury and self-mutilation (or threat of same) especially when it leads to physical trauma and/or disfigurement.
- Abusive, violent or dangerous behaviour/language which has the potential to cause physical injury or emotional trauma to others - physical and verbal.
- Persistent refusal to follow necessary and agreed treatment procedures for medical conditions such as epilepsy, diabetes or other conditions that, if not treated, will further endanger the person's health.
- Constant refusal to participate in agreed activities such as employment, recreation, social events or household routines.
- Absconding from the home and/or creating a nuisance in public including wandering the streets, begging, harassing, soliciting or engaging in criminal activities.
- Extreme manipulative behaviour including mischievous accusations against others, inappropriately engaging emergency support services or persistently over-using medical and other professional services.
- Offensive behaviour including extracting, eating or smearing faeces or other body products, engaging in sexual activities in public places, or generally behaving in a manner likely to elicit negative community reactions.

Mercy Services response to, and management of, behaviours of concern will be based on the following principles:
- It is not appropriate to label clients as 'behaviour problems', 'naughty' or 'bad'
- It is never acceptable to have interventions that: cause physical pain or serious discomfort; restrict access to basic needs or supports; and/or are degrading or demeaning to the client.
- Recognition of factors which can contribute to the occurrence of behaviours of concern including:
  - ➢ a history characterised by coercion or over-control
  - ➢ an unstable or insecure lifestyle
  - ➢ medical or psychiatric conditions including pain
  - ➢ intellectual disability
  - ➢ a history of rejection or abuse
  - ➢ lack of independent living skills, lack of group social skills

> ➢ lack of meaningful personal relationships
> ➢ lack of communication skills
> ➢ learned behaviour
> ➢ fear/panic
> ➢ misunderstanding
> ➢ misuse of drugs: taking illegal drugs; taking medication in a way not recommended by GP/Manufacturer; taking drugs in quantities that are dangerous to your health; being unwilling or forgetting to take prescribed medication.
> ➢ Care Plan not addressing client's needs/what is important to the client
> ➢ Services are not provided as agreed within the client's Care Plan.

- Intervention strategies need to recognise the role of the person's past and present experiences and the person's environment in the formation and maintenance of behaviours of concern.
- Intervention strategies need to be carefully planned and documented.
- Key stakeholders are involved in identifying issues and designing interventions around the individual's circumstances, needs and preferences, focusing on positive and measurable outcomes, properly resourced, and carefully monitored.

People with a disability have the same rights and responsibilities as anyone else in the community so behavioural interventions are not to unnecessarily infringe these rights and responsibilities. All behavioural interventions must have the consent of the client/guardian. The following restrictive practices are to be used as a last resort and must be clearly explained to the client/guardian to ensure informed consent:
- exclusionary time out
- Physical restraint
- psychotropic medication on a PRN ("when necessary" (from the Latin "pro re nata")) basis
- withhold positively valued items or activities
- use physical barriers such as locks.

2.0   SCOPE
This Policy applies to all Mercy Services workers (*employees, volunteers and brokered agencies*).

This Policy sets out the ways the organisation will ensure worker safety and client goal attainment through the fostering of positive client behaviour and the minimisation of behaviours of concern.

3.0   POLICY STATEMENT
Mercy Services will foster positive client behaviour and the minimisation of client behaviours of concern.

Mercy Services will attempt to engage clients/guardian in the process of identifying positive behavioural goals, understanding behaviours of concern and developing intervention strategies to foster positive client behaviour and the minimisation of client behaviours of concern.

Mercy Services is committed to ensuring that behaviours of concern exhibited by clients are dealt with promptly and appropriately, having due regard for the rights of the client, the rights of any other person(s) affected by the behaviour and the organisation's duty of care obligations.

4.0   PROCEDURES

4.01   Residential Aged Care
Initially rely on ACAT assessment of any resident's behaviours of concern. Further and ongoing assessments are then completed by residential aged care staff as required.

The clinical program (Leecare) guides staff with the assessments and daily reporting forms.

Joanna Briggs Institute (JBI) is accessed for research and input into care needs.

All outcomes are documented and discussed with the resident's GP and family.

4.02   Assessment
Mercy Services will demonstrate good practice in the assessment and care of people with behaviours of concern by incorporating:
- Emphasis on the uniqueness and individuality of the client;
- A philosophy that supports person centred care;
- Individualised and comprehensive assessment including medical, psychiatric, social, cultural, linguistic, religious and environmental factors, history of life experiences and interests/hobbies;
- The implementation of management strategies which are responsive to individual differences and needs and carried out with dignity and respect;
- Assessment by staff with skills/experience appropriate to the client's needs/abilities;
- Flexibility and creativity in approach;
- A workplace culture that is underpinned by education and training;
- Consistency in approach;
- Identifying why and to whom the behaviour is a problem;
- Exploration and acknowledgement of the causalities/triggers of the behaviour;
- The use of approaches which aim to prevent recurrence and focus on building positive client behaviour and service quality improvement;
- Acknowledgement and documentation of the 'person responsible' as the person who will be a decision-maker for the client deemed not capable to make medical decisions; and
- Use of interpreters for people who need/request communication assistance.

4.03   Interventions
Where another service provider has developed a Behaviour Support Plan (see Appendix 1 or equivalent) the Mercy Services Coordinator may adopt this plan for use at Mercy Services (after consultation with the owner of the plan).

Where another Behaviour Support Plan exists Mercy Services will ensure as much as possible that there are not conflicting assessments and interventions between the two plans.

The Coordinator will develop a Behaviour Support Plan if upon assessment the Coordinator becomes aware that the client has a history of behaviours of concern and/or believes there is a likelihood that behaviours of concern will be manifest in the future.

Possible diversionary and de-escalation strategies to be included in the Behaviour Support Plan may include:
- Time out
- Distraction or diversion
- Staff training in managing and approaching clients
- Peaceful environment
- Music
- Exercise
- Avoidance of identified triggers
- Appropriate levels of light
- Developing a written contract with the client regarding acceptable behaviours and the response to inappropriate behaviour
- Reassurance with familiar objects
- Family support or other socialiasation
- Noise and crowd reduction

4.04 Incidents of behaviours of concern

An incident report form will be completed following the display of behaviours of concern. It may be necessary to advise the Mercy Services Board of Directors and/or the funding department in the event of a serious incident.

If there is not currently a Behaviour Support Plan (see Appendix 1) (or equivalent from another organisation) then the Coordinator will develop such a plan in consultation with the client.

If the current Behaviour Support Plan is not working an external consultant may be engaged to review the assessment and plan and develop a new plan.

4.05 Staff training and support

Mercy Services will provide necessary training and support to staff who are dealing with behaviour support issues. If staff become aware of the need for additional training or support they must inform their supervisor as soon as possible.

4.06 Suspending or terminating service

Physical assault and ongoing emotional abuse are never acceptable.

Where behaviours of concern cannot be minimised and the safety of people is at serious risk Mercy Services may suspend or terminate service and seek alternative arrangements for the client.

Mercy Services may suspend or terminate service and seek alternative arrangements for the client where the client is unwilling to adopt more positive behaviours and will not accept assistance to address these issues.

If service is refused the person who requested the service should be advised immediately giving reasons why the service will not be provided. These reasons should be consistent with Mercy Services policy. The Coordinator (or delegate) should make sure that the client understands the reasons for refusal and that this refusal will not affect their future access to a service.

Information should be provided on other available services and if appropriate a referral should be arranged.

Information should be provided on when, and in what circumstances the person could reapply for the service if they have declined the service or have been refused the service.

The person should be made aware of the Mercy Services Complaints policy.

4.07   Compliance
Compliance with this policy is being measured by:
   a)   An investigation following an incident report of behaviours of concern will show that this policy was adequately applied.

4.08   Evaluation
The performance indicators for the evaluation of this policy are:
   a)   At least 90% positive ratings from Mercy Services clients in the biennial Satisfaction Survey; and
   b)   90% satisfaction with the quality and completeness of client files found in quarterly file audits over a year.

5.0   REFERENCES

1. Current Issues	None identified
2. Australian Standards	None identified
3. Legislation	a) Disability Inclusion Act 2014 (NSW) b) Disability Services Act 1986 (Cwlth) c) Disability Discrimination Act 1992 (Cwth) d) NSW Anti-Discrimination Act 1977 e) Children and Young Person's (Care and Protection) Act 1998 f) Child Protection (Prohibited Employment) Act 1998 g) Commission for Children & Young Peoples Act 1998
4. Professional guidelines	None identified
5. Codes of Practice	None identified
6. Codes of Ethics	a) Australian Association of Social Workers Code of Ethics http://www.aasw.asn.au/document/item/1201 b) Australian Psychological Society Code of Ethics https://www.psychology.org.au/Assets/Files/APS-Code-of-Ethics.pdf c) The Nursing and Midwifery Board of Australia. Code of Ethics 2008 http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#codesofethics d) Integrity in the Service of the Church https://www.catholic.org.au/media-centre/media-releases/cat_view/10-organisations/38-national-committee-for-professional-standards e) Mercy Services Code of Conduct
7. Evidence	a) ADHC (2012) Standards in Action

	http://www.adhc.nsw.gov.au/__data/assets/file/0008/235970/ADHC_Standards_in_action_combined_250513.pdf b) ADHC (2009) Behaviour Support: Policy and Practice Manual https://www.adhc.nsw.gov.au/__data/assets/file/0003/228360/341_Behaviour_Support_Policy_and_Practice_Manual_Part_1_web.pdf c) DSS (2014) Home Care Package Programme Guidelines https://www.dss.gov.au/sites/default/files/documents/08_2014/home_care_packages_guidelines_2014.pdf d) DSS (2012) Commonwealth HACC Program Manual https://www.dss.gov.au/sites/default/files/documents/08_2014/annexure_10b_-_hacc_manual.pdf
8. Mercy Services Values	Justice, Respect, Care, Unity, Service

6.0 OTHER RELATED POLICIES AND PROCEDURES

- A.01 Mission and Philosophy
- A.03 Code of Conduct (staff and volunteers)
- A.05 Reconciliation
- C.05 Quality Improvement
- E.01 Service Guarantee
- E.03 Meeting Individual Needs
- E.04 Client Fees
- E.05 Client Participation, Decision Making & Advocacy
- E.06 Involvement of Families and Friends
- E.08 Complaints
- E.09 Client Records
- E.11 Coordination with other services
- E.13 Cultural Awareness
- E.17 Privacy
- G.05 Risk Management
- G.06 Safe Home Visiting
- G.17 Incident Investigation

7.0 RELATIONSHIP WITH STANDARDS

Aged Care Accreditation Standards	*Home Care Standards*	*NSW Disability Standards*	*EQuIP Standards*
1.1, 1.25, 1.8, 2.1-2.17, 3.1-3.10, 4.1-4.8	*1.4, 1.5, 2.1, 2.2, 2.3, 2.4, 2.5, 3.1, 3.2, 3.3, 3.4, 3.5*	*1.1, 1.2, 1.3, 1.4, 1.5, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 3.1, 3.2, 3.3, 3.4, 3.5, 4.1, 4.4, 5.2, 5.7, 6.1, 6.2, 6.4, 6.7*	*1.1.2, 1.1.3, 1.1.7, 1.6.1, 1.6.2, 1.6.3*

8.0 DOCUMENT CHANGES RECORD

Dates of change	*Section altered*	*Natures of changes made*
21/04/2015	All Sections	New policy
Review due 21/04/2018		

Behaviour Support Plan   Appendix 1

Name: ....   **Date of birth**:................................

Address: ....

Background *(diagnosis, goals, likes, people/agencies on support network, main activities)*

Desired behaviours *(what qualities/behaviours/strengths does the client aspire to, how do they want to be seen by others/self)*

Behaviours of concern

Possible functions of behaviour *(what needs might client being trying to meet when displaying these behaviours)*

Early warning signs *(behaviours and words that indicate client is becoming agitated)*

Triggers for behaviour *(what behaviours from others, tasks or environmental factors can lead to a behaviour of concern)*

Preventative strategies *(routines, behaviours, communication processes, environmental considerations, diet, presence/role of certain people)*

Response strategies

Behaviour	*Staff response*
Crisis response *(describe)*	*(e.g. ensure safety of client and others, what place can client go to calm down, strategies for client to calm down)*
De-escalation *(list each of the behaviours of concern and de-escalation strategies for each)*	
Post incident/Recovery	*(e.g., inform relevant parties, if appropriate assist client gain insight into incident/response, if appropriate assist client re-integrate with group/others)*

Client/Guardian name:..

Client/Guardian signature:.. **Date:**.......................

Coordinator (or delegate) name: ....

Coordinator (or delegate) signature:... **Date:**.......................

Review date: ....