

7 January 2014

Michele McKinnon
Director
Safety & Quality
SA Health

By email: michele.mckinnon@health.sa.gov.au

Dear Michele

SA Health Recognition and Management of Challenging Behaviour Framework

Thank you for the opportunity to provide feedback on the draft Framework. HCA supports the development of the Framework and appreciates the enormous amount of work that has been invested, including consultation with a wide range of stakeholders.

The Framework sets out an overarching policy framework for the recognition and management of challenging behaviours across SA Health.

As a member of the SA Health RMCB Advisory Group, HCA has been involved in this work since September 2012. Hence, we have had the opportunity to participate in early conversations around scope and to develop an understanding of the complexity of current practices and associated systems.

Following wider consultation with our membership, including a consumer and carer forum on 18 November 2013, we provide the following comments and suggestions that we believe could improve the Framework.

1. The key issue for successful implementation of a Framework that seeks to fundamentally change the culture of health services is the existence of a consumer centred culture of care. The Framework clearly states that; "Providing consumer centred care and respecting the health care rights of consumers" is a key principle underlying the Framework.
2. However, consumers expressed concern that everyday experiences of our health care services are very mixed and there is currently no strategic or systematic process for making consumer centred care a reality. **This needs to be acknowledged, as there is a strong view that disrespectful and unsafe care is a contributor to challenging behaviours.**
3. There was significant concern about some of the language used in the Framework. Most importantly, **there is no recognition that challenging behaviour is a form of communication.** It was pointed out that more positive approaches have been adopted in other sectors, specifically in education.
4. It is recommended that SA Health review some of the following publications:

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DECD School Discipline Policy Statement and Resources

<http://www.decd.sa.gov.au/speced2/default.asp?navgrp=behaviour>

Individual Education Plan (for children and young people under Guardianship of the Minister) – Stakeholder Manual

<http://www.decd.sa.gov.au/docs/documents/1/lepPart1StakeholdersManua.pdf>

Behaviour Support Policy for Early Childhood Services

<http://www.decd.sa.gov.au/docs/documents/1/EarlyChildhoodBehaviourSu.pdf>

We acknowledge that these are not entirely relevant for adult consumers, however, there are some important principles that we believe may be helpful.

5. Specifically:

- Each individual is acknowledged as a unique human being and as a whole person.
- Individual behaviour is a form of communication and is purposeful. Each person's capacity to choose appropriate behaviour is influenced by their developmental ability, temperament, interactions, life experiences and environmental factors.
- Families, society, peers, staff and other significant adults influence behaviour.
- Working in partnership with families and carers is vital to positive outcomes.
- Staff must have opportunities to develop a wide range of skills in managing behaviour. Staff who understand a range of models and are supported in implementing them are better able to develop successful responses and outcomes.
- Staff use a positive approach to behaviour management that takes into account individual and contextual factors.
- Staff are able to modify their behavior and practices to address the needs of the individual, including those with high risk clinical conditions and in high risk clinical settings.
- Staff model verbal and non-verbal behaviours that are respectful and inclusive of all consumers, carers, families and workers.

6. HCA recommends that Section 1.1 of the Framework could perhaps be framed more positively, emphasising SA Health's:

- commitment to consumer centred care;
- that consumers, carers, workers and others are entitled to a framework that supports positive approaches and outcomes;
- recognition that behaviour is a form of communication and is purposeful;
- recognition that individual capacity to choose appropriate behaviour is influenced by a range of factors; and
- working in partnership with families and carers is vital to positive outcomes.

7. HCA recommends that the following definitions in section 1.3 could be amended:

- Challenging Behaviour: to incorporate the comments above about communication, etc.

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- Repeated Behaviour: to include staff behaviours that contribute to the problem, for example, delayed or no response to call buttons, rough handling, physical abuse, unreasonable threats of discharge/no service.

8. The pathways for staff responses to repeated behaviour are clear – early intervention, de-escalation, emergency team response, seclusion, restraint, code black. **What do consumers and or carers do if they have to raise the equivalent of a code black?**

9. We received fairly negative feedback about the final paragraph in the opening to Section 3 on page 12. Consumers and carers dispute the claim that challenging behaviour is most frequently exhibited by the consumer. **HCA recommends that this sentence be reworded to: “The person exhibiting challenging behaviour may be the consumer, carer, family or friends, workers and even bystanders.”**

10. The next sentence refers to the *Criminal Law Consolidation Act 1935*. Does this also apply to aggressive, violent or threatening behaviour towards consumers and carers?

11. **In section 3, consumers would like to add a third “context” preferably as 3.1. That is, “Consumers and carers experience care that is unsafe and/or disrespectful, particularly if persistent and repeated.”**

12. In their feedback, consumers and carers regularly mentioned staff training and development. HCA would like SA Health to consider the **Reflect Respect Relate** approach (<http://www.earlyyears.sa.edu.au/pages/Resources/resource/>). This is a tool that allows staff to observe the quality of the care experience/environment, reflect on their practice, and consider the impact on the consumer and their health outcomes. It could be a powerful de-escalation method for staff working in high risk settings where it can be stressful and difficult for them to consciously choose the appropriate response.

13. **HCA would like to see reflective practice as a key element of the training for workers.**

14. There was some feedback that uniformed security staff can be intimidating for consumers and carers and their presence may be detrimental.

15. Finally, HCA believes that consumer education is also important and the Reflect Respect Relate approach could also be incorporated into consumer health literacy training. This process has also caused us to think about reprising the “responsibilities” section of the “Rights and Responsibilities” booklet in the sense of promoting expectations of appropriate and respectful behaviour towards health workers.

I hope this is helpful feedback. We are happy to discuss further.

Yours sincerely



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