

Evidence Assessment

Restrictive Practices and Restraints

A Guide for Completing Evidence Assessment

The purpose of this assessment is for the staff member to demonstrate knowledge of how to respond to individuals living with dementia whilst working within organisational guidelines, policies and procedures.

The assessment combines information that is gained from theoretical and practical training. Resources in addition to the corresponding Altura Learning course may be required to demonstrate this knowledge.

The assessment should be reviewed by an assessor who is competent in the principles and requirements of caring for individuals living with dementia.

The following assessment can be used to illustrate that the learner is able to apply the information they have learnt in relation to their own role and place of work. In addition to the corresponding Altura Learning course, assessors may need to provide learners with local organisational resources and policies, in order for them to demonstrate this knowledge.

The assessor can mark that the staff member has adequately met the requirements of the assessment if they have included the relevant details of the individual's behaviour (this may be de-identified as appropriate and should be discussed with the staff member prior to providing them with the assessment task) and possible response strategies, as per organisational policies and procedures.

Behaviour Diary

Identify an individual or individuals living with dementia that you support, where restrictive practices may have been offered as a solution in the past.

Record examples of the behaviour that you encounter. Make a note regarding what the behaviour may be communicating and any underlying unmet needs. Suggest possible response strategies that may be effective in responding to their behaviour, that could be utilised as alternatives to the use of restraints or restrictive practices.

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Describe the behaviour	What is the person trying to communicate?	What are possible strategies?

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Learner Name:

Signature:

Supervisor Name:

Signature:

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