

Guiding principles for recognising and responding to behaviours of concern

This fact sheet provides guidance on recognising and responding to behaviours of concern using safe, proactive and person-centred care approaches.

What are behaviours of concern?

Behaviours of concern are behaviours that indicate a risk to the safety and wellbeing of the person exhibiting them or to those around them.

While these behaviours may challenge the person, their supporters and the services they access, they may also reflect unmet needs, distress, discomfort, preferences, or a person's response to their environment.

Early recognition can reduce harm, improve outcomes, and help avoid restrictive interventions or crisis responses.

Guiding principles

Person-centred care

Person-centred care places the individual at the centre of their care. It focuses on understanding the person's values, preferences, goals, communication needs, cultural identity and lived experience and what matters most to them.

Recognising and responding to behaviours of concern requires a proactive and meaningful partnership with patients, families and carers, supporting shared decision-making, choice and autonomy wherever possible.

Care should be tailored to individual needs and delivered in a way that upholds dignity, respect, cultural safety and human rights, while fostering trust and therapeutic relationships.

Commission resource: NSQHS Standards ([Comprehensive Care Standard](#))

Family and carer involvement

Families and carers can provide essential knowledge about the person, including their baseline behaviour, preferences, communication methods, and known triggers.

Actively involving them in planning for care, decision-making, and responses to behaviours can support more effective and individualised care. Their input can help identify early signs of distress and guide appropriate de-escalation strategies.



Partnering with families and carers also strengthens continuity of care beyond a hospital setting, reinforcing trust, and improving the safety and experience for both the person, family and the healthcare team.

Commission resource: NSQHS Standards ([Partnering with Consumers Standard](#)); [Delirium Clinical Care Standard](#)

Early identification, escalation pathways and proactive management

Health services should have policies, frameworks or tools in place that support the early identification of cognitive impairment, delirium, and changes in mental state, as these are key drivers of behaviours of concern.

Proactive risk screening, ongoing monitoring, and clear escalation pathways including policies, procedures or protocols that enable clinicians to respond before behaviours escalate. Prevention strategies include managing risk factors (e.g. infection, dehydration, pain, changes in behaviour), maintaining orientation, and ensuring appropriate communication.

Commission resource: [National Consensus Statement: Recognising and Responding to Deterioration in a Person's Mental State](#) (2017); [Delirium Clinical Care Standard](#)

Behavioural, environmental, and communication strategies

Behavioural, environmental, and communication strategies should be the first-line response to behaviours of concern. These may include reassurance, reorientation, modifying the environment (e.g. lighting, noise, familiarity), addressing unmet needs (e.g. hunger, toileting, pain), and using personalised engagement techniques.

Psychotropic medicines should only be considered when there is a clear clinical indication, and after non-pharmacological approaches have been attempted, as they carry risks such as sedation, falls, and adverse effects.

A focus on non-pharmacological care supports safer, more sustainable and person-centred outcomes.

Commission resource: [Psychotropic Medicines in Cognitive Disability or Impairment Clinical Care Standard](#); [Delirium Clinical Care Standard](#)

Leadership and workforce support

A skilled and supported workforce is essential to effectively manage behaviours of concern. Clinicians require training in recognising early signs of deterioration, communication techniques, de-escalation strategies, and person-centred care approaches. Health services must facilitate clear guidance, robust supervision, and multidisciplinary expertise, with access to Aboriginal and Torres Strait Islander cultural workers where appropriate to ensure culturally safe, person-centred care that supports informed decision-making and achieves equitable health outcomes.

Organisations should foster a safety culture that prioritises structured, voluntary debriefing after incidents where appropriate and uses insights from data to drive change. This includes improving care processes, supporting staff wellbeing, and informing safer transitions between care settings to ensure continuity and reduce the risk of recurring behaviours of concern.

Commission resource: NSQHS Standards ([Clinical Governance Standard](#)); [National Consensus Statement](#) (2017)

System design and informing improvement

Health systems play a critical role in reducing or exacerbating behaviours of concern. Effective system design requires clear protocols, adequate staffing, and timely access to specialist support. Services must be equipped to recognise early signs of escalation and respond safely to behaviours, including aggression, in ways that protect patients, staff and others while maintaining a therapeutic, person-centred approach.

Strong incident reporting systems are essential. Behavioural events should be consistently recorded, monitored and analysed to identify patterns, underlying causes and system gaps. This data is critical to informing continuous improvement, strengthening workforce capability, and enhancing safety for both the person and those providing care.

Commission resource: NSQHS Standards ([Comprehensive Care Standard](#); [Clinical Governance Standard](#))

For more information please visit: safetyandquality.gov.au/clinical-topics/behaviours-concern

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