

BSP-CAT BEHAVIOUR SUPPORT PLAN CONTENT APPRAISAL TOOL



Sharland Foundation Developmental
Disabilities Applied Behavioural
Research and Impact Network

This appraisal tool comprises fourteen components for the evaluation of positive behaviour support plans (BSPs), divided into six strands. The BSP should be evaluated by somebody with expertise in Positive Behavioural Support (PBS) against each component and assigned a score between 0 and 3 dependent on the quantity and quality of evidence supporting each component.

STRAND	COMPONENT	DESCRIPTION
Foundations for Support	A1. Formulation A2. Contextual fit A3. Goals/aspirations	Information regarding assessment of the person and their environment in order to personalise interventions, supports and strategies.
Enabling Environments	B1. Communication B2. Choice B3. Physical and mental health B4. Relationships with friends, family and the wider community B5. Safe, consistent and predictable environment B6. High levels of participation in meaningful activity	Interventions and supports to create an enabling environment for the person, thus enhancing quality of life and creating positive life opportunities that mitigate risk of behaviours that challenge.
Antecedent Interventions	C1. Antecedent interventions	Antecedent interventions that proactively seek to enhance quality of life and reduce the likelihood of behaviours that challenge by altering aspects of the environment related to their occurrence.
Skills Development	D1. Skills development	Interventions and supports to increase the person's everyday life skills and quality of life, and reduce the likelihood of behaviours that challenge.
Reactive Strategies	E1. Secondary prevention E2. Crisis management	Secondary prevention strategies employed in response to early warning signs or known indicators to defuse the situation and prevent escalation. Crisis management strategies that keep the person and others safe in situations where there is a high risk of harm and when secondary prevention strategies have failed.
Implementation and Monitoring of the Plan	F1. Monitoring, implementation and evaluation of support	Guidance on how and by whom interventions, supports and strategies will be delivered, monitored and evaluated for the purpose of continued improvement.



BEHAVIOUR SUPPORT PLAN CONTENT APPRAISAL TOOL (BSP CAT) OVERVIEW

This tool is intended primarily for use in service and staff team improvement, to review the quality of how they support individuals in relation to PBS (i.e., identifying both areas of good support and opportunities for improvement), and to use as a framework to consider ways to improve how they support individuals. Services and staff are constantly developing their skills and support being provided can always be improved, therefore PBS can be a useful framework to guide service improvement.

Note: Supporting evidence may be found in associated documentation, such as a Communication Passport, Person Centred Plan, Health Action Plan, Hospital Passport, records of behaviours that challenge, etc.

SCORING¹

3	<p>A score of 3 should be given if there is evidence the component has adequately addressed BOTH of the following:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is a clear statement and linked evidence to prior assessment. <p>AND</p> <ul style="list-style-type: none"><input type="checkbox"/> All aspects of the scoring requirements for the component are adequately addressed, properly defined, specific, and with appropriate scope and detail.
2	<p>A score of 2 should be given if EITHER of the following apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is unclear or missing statements and linked evidence to prior assessment. <p>OR</p> <ul style="list-style-type: none"><input type="checkbox"/> Important aspects of the scoring requirements for the component are missing, inadequate, poorly defined, nonspecific or limited in scope and detail.
1	<p>A score of 1 should be given if BOTH of the following apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> There is unclear or missing statements and linked evidence to prior assessment. <p>AND</p> <ul style="list-style-type: none"><input type="checkbox"/> Important aspects of the scoring requirements for the component are missing, inadequate, poorly defined, nonspecific or limited in scope and detail.
0	<p>A score of 0 should be given there is NO evidence of any consideration of the scoring requirements for the component.</p>

¹ A variant on this scoring convention is applied to component F1: Monitoring, implementation and evaluation of support.

Focal person name: _____

Date: _____



A. FOUNDATIONS FOR SUPPORT

A1. Formulation.

A Positive Behaviour Support Plan (BSP) should be based on an understanding of the function of the person's behaviour that challenges. Needs identified by the formulation should all then be addressed in the BSP.

This should include an operational definition of the behaviour that challenges, a summary statement of the function(s) of behaviour, which includes identified antecedents and maintaining consequences and details of the environmental context.

Interventions should be logically connected with identified function(s) of behaviour that challenges.

Notes

A2. Contextual fit.

The practicalities of support delivery must be considered, to ensure contextual fit of the BSP.

These should include:

- Identifying and addressing any barriers to implementation.
- Actively involving key staff and other stakeholders in producing the plan.
- Analysing and addressing staff/carers strengths and needs.
- Using accessible language in the plan.

Notes

A3. Goals/aspirations.	
<p>Within the BSP or other, relevant, associated documentation, the person's strengths, needs, goals, aspirations, preferences, hopes and dreams should be stated.</p> <p>The person and other relevant stakeholders should be involved in developing goals that are important to them and are connected to their aspirations.</p> <p>The person may have a separate Person Centred Plan, and assessments of their strengths, needs and skills should be completed and reviewed regularly. Progress against the person's goals should being measured and regularly reviewed.</p>	<p>Notes</p>

B. ENABLING ENVIRONMENTS

B1. Communication.	
<p>The person should be supported to communicate with others around them via their preferred method(s) of communication. Staff should be trained in the person's preferred communication method(s). The person may have a separate communication plan detailing their communication skills, preferred method(s) of communication, and how their communication should be supported. This plan should link to an understanding of the function(s) of their behaviour that challenges.</p> <p>Assessments of the person's communication skills should be conducted and be regularly and formally reviewed. Plans for developing the person's communication skills should be present.</p>	<p>Notes</p>

B2. Choice.

There should be opportunities for the person to make choices, from small day-to-day details to large life-defining matters. The person's way of expressing what they want/like should be described, along with a record of the person's likes and dislikes about a range of areas.

Information should be recorded about how to support the person to make choices. Information about supporting choices should be linked to the identified function(s) of the person's behaviour that challenges. Plans for developing the person's choice-making skills should be present.

Notes

B3. Physical and mental health.

The person should be supported to maintain good physical and mental health and emotional wellbeing. Advice from relevant health and mental health care professionals should inform the person's support.

Consideration should be given to their physical health needs, including:

- Maintaining a healthy diet which considers personal preference.
- Participation in regular exercise.
- Support for any long-term health problems.
- Support to maintain personal hygiene, such as good nail, teeth, hair and skin care.

Consideration should be given to their mental health needs, including:

- A support plan detailing person-specific indicators of mental health or emotional wellbeing, together with strategies to support the person at these times.
- Where psychotropic medication forms part of the person's intervention, multi-disciplinary decision-making and monitoring procedures are in place including a medication reduction plan.
- Details of non-medical, therapeutic/psychological support strategies to support the person during times of crisis and to support good mental wellbeing over the long term.

Notes

B4. Relationships with friends, family, and the wider community.

The important people in the person's social network should be known. Relationships with the person's family members and other people in their social network should be supported. There should be plans for supporting the development of new relationships, as appropriate. There may be a written description of the best way to interact with the person (in the person's preferred interactional style). Goals may relate to achieving a person's desired social contact with family members, friends and the wider community.

There should be a plan for ensuring relationship goals are met, including intimate and sexual relationships, and that strategies for overcoming obstacles are described. The person should be supported to take part in a varied range of activities in the community and supported to access new activities according to their interests.

Notes**B5. Safe, consistent, and predictable environment.**

The environment should be safe, predictable and stable. There should be strategies for ensuring staff provide support which is safe, consistent and accurate. Support practices should adhere to the principle of using the least restrictive option.

There should be personalised routines which reflect the person's preferences, and strategies given to enable the person to make choices regarding how to spend their time. There should be strategies for ensuring the person can predict the activities that make up their day.

Notes

B6. High levels of participation in meaningful activity.	
<p>There should be strategies to support engagement in preferred activities, as well as to introduce new activities to widen the range of choices. There should be a range of activities associated with a typical lifestyle, e.g. balance between leisure, work, community, social, domestic, etc. activities.</p> <p>Levels of assistance and reinforcement that the person needs to engage in different activities should be recorded.</p>	<p>Notes</p>

C. ANTECEDENT INTERVENTIONS	
C1. Antecedent interventions.	
<p>Antecedent intervention strategies (i.e. specific changes to the environment designed to prevent the behaviour from occurring) should be identified and implemented, including strategies to increase choice and control. Changes to the physical environment should be made where necessary.</p> <p>Non-contingent reinforcement should be provided, and individual support should be increased during demanding activities.</p>	<p>Notes</p>

D. SKILLS DEVELOPMENT

D1. Skills development

There should be strategies to teach new skills, including detailing how these skills will be reinforced, maintained, and generalised across settings.

New skills should include at least one of the following types of skills:

- Skills that replace the behaviour that challenges (where the functional behavioural assessment indicates this is appropriate);
- Coping skills (where the functional behavioural assessment indicates this is appropriate);
- General life skills.

Notes

E. REACTIVE STRATEGIES

E1. Secondary prevention.

Secondary prevention strategies designed to bring about rapid and safe resolution of incidents of behaviour that challenges should be identified and implemented. These typically include a range of de-escalation techniques, such as capitulation (giving the person what they want or removing something they do not want), increasing personal space, making environmental changes, diversion to a preferred activity, and removal or diversion of the person away from any obvious triggers.

Notes

E. REACTIVE STRATEGIES

E2. Crisis management.

Crisis management strategies should be identified and implemented.

Each crisis management plan should be unique to an individual and commensurate with the risk presented.

Strategies should:

- Be planned;
- Be safe;
- Be consistently implemented;
- Avoid restraint;
- Use physical intervention only if they have to;
- Avoid punishment.

Notes

F. IMPLEMENTING AND MONITORING OF THE PLAN

F1. Implementation and monitoring of the plan.

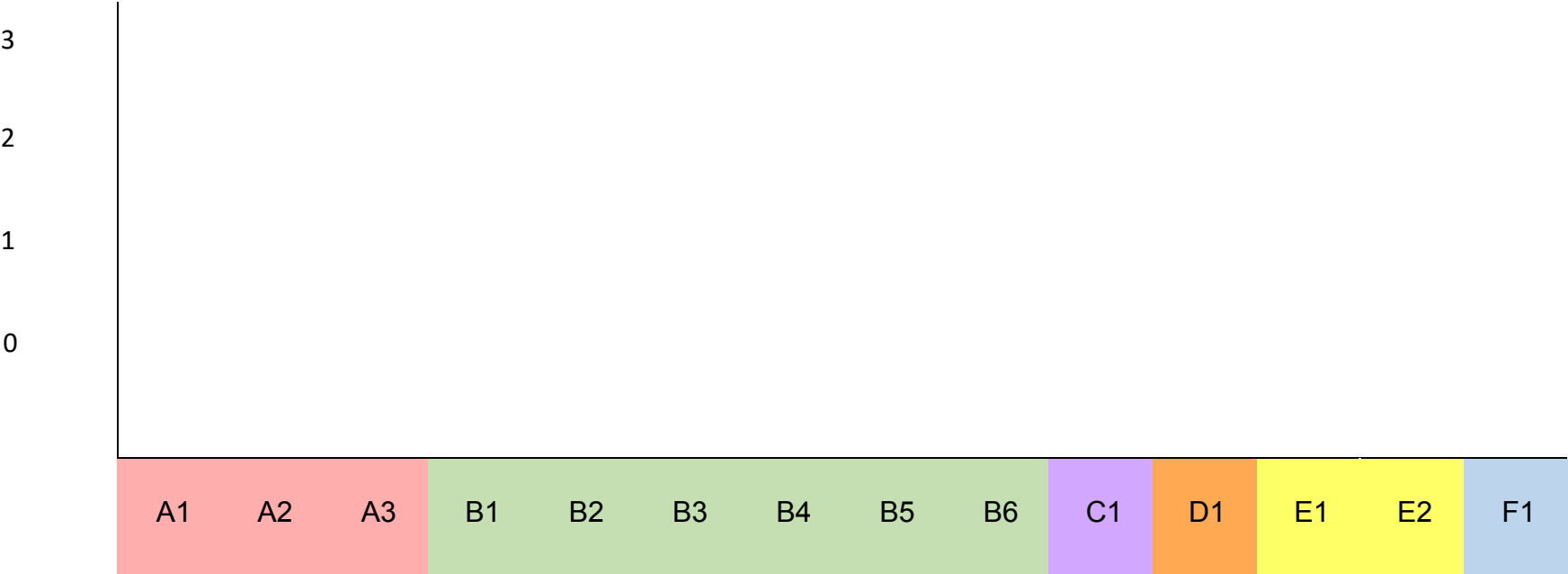
The BSP should contain an explicit system to support monitoring of intervention implementation.

It should also contain an explicit system to support a data-based review of intervention implementation that will support future implementation.

Notes

Summary of Scores

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Why is this important?

Behaviour that challenges is best understood as learned behaviour that relate directly to antecedent events and reinforcing consequences within a given context. A BSP is based on the principles of behaviour analysis used to identify the functions of the behaviour and to develop a multi-component support plan. Evidence suggests using a functional assessment to develop interventions for behaviours that challenge improves outcomes. In the absence of this, practitioners are at risk of developing plans that are based on factors such as topography or practitioner preference and are likely to be ineffective or even harmful. All BSPs should include a formulation of function linked to prior assessment.

Scoring requirements and examples

3: Requirement: BOTH a clear statement that evidences a functional assessment has been completed and this informs the components of the BSP **AND** an individualised formulation based on this assessment that summarises the antecedent conditions (including wider setting events and more immediate events) that indicate when the behaviour that challenges (operationally defined) is most likely to occur and the maintaining reinforcing consequences for the behaviour to explicitly identify the hypothesised functions of this behaviour.

Example: Tamara's BSP is based upon a functional assessment that includes an operational definition of hand-to-head self-injurious behaviour. There are clear descriptions of the conditions when this behaviour is most likely to occur, a summary of the maintaining reinforcing consequences for the behaviour and a section that summarises the hypothesised functions.

2: Requirement: EITHER the statement/evidence of a prior functional assessment is missing or unclear **OR** a formulation statement is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: A general and very brief summary regarding a prior behaviour assessment is included **OR** Millie's BSP states she engages in anal poking, often when she is not engaging in any activity, or is asked to participate in an undesired activity (e.g., vacuuming her room). It is also suggested this sometimes is a sign she is constipated. There is no reference to any consequences that may potentially reinforce the behaviour.

1: Requirement: BOTH the statement/evidence of a prior functional assessment is missing or unclear **AND** a formulation statement is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: John's BSP states all of his behaviours that challenge (without specifying what these behaviours are) are attention seeking but it is unclear where this information has come from **AND** no summary of antecedent events or reinforcing consequences is included.

0: Requirement: NO statement/evidence of a prior functional assessment and **NO** formulation statement is present.

Example: Peter's BSP states that he can engage in self-injury. There is no statement regarding why he does this.

Why is this important?

It is essential any BSP can be delivered in the setting it is was intended for and sufficient resources are in place to facilitate delivery. Key to this is all people who are important to the person are involved in the construction of the plan and barriers to implementation are addressed. This will include ensuring all those responsible for the delivery of the plan have the necessary training. Being able to deliver a plan with good contextual fit is key to delivering sustained systems of support. BSPs should routinely pay close attention to contextual fit.

Scoring requirements and examples

3: Requirement: BOTH key details are provided concerning the intervention context (including the individuals responsible for implementation), with evidence a prior assessment of contextual fit has been completed and informs this component of the BSP **AND** a comprehensive plan has been derived from this assessment to support contextual fit.

Example: Hanyu's BSP requires staff to be trained in Active Support and inclusive communication and recommends the development of a more flexible shift pattern to support his community activities and visits home. His staff team and his mother were involved in writing the plan, and all completed a goodness of fit survey that scored highly. His plan is concise and written in the first person, using accessible language and contains helpful photos.

2: Requirement: EITHER key details regarding the intervention context (including the individuals responsible for implementation) are missing or unclear; or evidence of prior assessment of contextual fit is missing or unclear **OR** the plan for improving contextual fit is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: The senior manager and case co-ordinator for Craig's BSP were included in writing the plan, but none of the direct care team were included, although they did complete a joint goodness of fit survey while being trained in the plan and it is recognised they are important implementers **OR** Craig's BSP suggests that training in Active Support is implemented. The plan is lengthy, and some sections are too complex to follow and use many jargonised terms.

1: Requirement: BOTH key details regarding the intervention context (including the individuals responsible for implementation) are missing or unclear; or evidence of prior assessment of contextual fit is missing or unclear **AND** the plan for improving contextual fit is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Angharad's BSP states that contextual fit is important but has no detail of how this has been considered. An external behaviour specialist is the only stated plan author **AND** there are no plans to ensure contextual fit.

0: Requirement: NO considerations of, or details pertaining to, contextual fit are included. There is no evidence of assessment of contextual fit.

Example: Giovanni's BSP contains no reference to contextual fit and has been written by a clinical psychologist with no evidence of consultation with key staff or other people who are important to Giovanni.

Why is this important?

Everyone's strengths and needs are different, and people's aspirations and ambitions will vary. Competent environments match support to need on a moment-by-moment basis, and have in place ways of identifying, implementing, supporting and measuring a range of goals and outcomes that are personally important to the individuals that own them. All BSPs should identify and create plans to support an individual's personal goals and aspirations to maximise quality of life.

Scoring requirements and examples

3: Requirement: BOTH the plan provides a description of the person's strengths, needs, aspirations and goals, with evidence a prior assessment has been completed to inform this component of the BSP **AND** a comprehensive plan has been derived from this assessment to support the person's strengths, needs, aspirations and goals.

Example: Chen's strengths, needs, preferences, hopes, dreams and aspirations are discussed in detail in a document entitled his Person-Centred Plan. This was developed through spending time with Chen and meetings with his family and supporters. Several goals to improve his quality of life are recorded, and these are clearly linked to things that are important to and for Chen. One such aspiration is to increase his circle of friends, and steps have been put in place to facilitate this including: identifying and trying three new activities over the next month; joining a pool league at his local pub next week and continuing to play weekly for the next month. Social role-play sessions have also been created and Chen is using these with his keyworker to practise positive ways to interact and build friendships. Chen and his keyworker will review his social contacts in three months' time and begin to arrange meet ups with his new friends.

2: Requirement: EITHER a description of the person's strengths, needs, aspirations and goals, or evidence a prior assessment has been completed to inform this component of the BSP is missing, unclear or lacks detail **OR** the plan for supporting strengths, needs, aspirations and goals is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Susan's strengths, needs, preferences, hopes, dreams and aspirations are discussed in a Person-Centred Plan, although this is limited in detail and it is not clear how these areas have been identified **OR** only one goal is listed, which is to learn to use the bus independently to visit the local library.

1: Requirement: BOTH a description of the person's strengths, needs, aspirations and goals, or evidence a prior assessment has been completed to inform this component of the BSP is missing, unclear or lacks detail **AND** the plan for supporting strengths, needs, aspirations and goals is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Joseph's BSP briefly lists his strengths and needs, with little focus on his preferences, hopes dreams and aspirations, and it is unclear where this information has been gathered from. He has a goal to learn to make his own breakfast, however there is no evidence of why this is important to him **AND** the goal states Joseph will learn to get his own cereal but there is no guidance on how these skills will be taught and supported, and there is no timeframe on monitoring achievements.

0: Requirement: NO details are provided regarding the person's strengths, needs, aspirations and goals. No assessment has been referenced to inform this section of the BSP. No plan is referenced to support the person's strengths, needs aspirations or goals.

Example: Lauren has no documentation that attempts to capture her strengths, needs, goals, aspirations, preferences, hopes and dreams.

Why is this important?

Communication is critical for supporting autonomy, wellbeing and quality of life. Behaviours that challenge are less likely when a person understands other people's communication and is understood by those around them. Most people (with and without intellectual disabilities) want to communicate with those around them, especially those they are close to. Communication strategies should routinely be included in a BSP.

Scoring requirements and examples

3: Requirement: BOTH details are provided regarding person's communication needs, with evidence a prior assessment has been completed and informs this component of the BSP **AND** a comprehensive plan to support communication has been derived from this assessment.

Example: Carla has a separate communication plan linked to her BSP which describes the different methods she uses to communicate, including single Makaton signs, gestures and vocalisations. Information about how others can support her communication is listed with recognition this support may need to be modified on an individualised moment to moment basis by reducing speech and using simple communication approaches if Carla is unwell, the environment is noisy, or during an instance of behaviour that challenges. A specific focus in her communication plan is enabling Carla to ask for assistance or a break from difficult tasks, as this has been identified as a function of Carla's self-injury. All staff have received formal competency-based training specific to Carla's communication and ongoing refreshers are incorporated into staff meetings. There is evidence the targets are regularly reviewed based on her progress.

2: Requirement: EITHER information pertaining to the individual's communication needs is missing, unclear or lacks detail; or evidence of prior assessment of communication needs is missing or unclear **OR** the plan for supporting the person's communication is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Harry's preferred method of communication is listed in his BSP as the use of a speech generating device (SGD) but it is not clear how this information has been determined **OR** there are some goals for supporting Harry to develop his communication skills. The plan states staff should use speech to communicate with Harry but there is limited recognition that communication strategies may need to be modified on an individualised moment to moment basis.

1: Requirement: BOTH information pertaining to the individual's communication needs is missing, unclear or lacks detail; or evidence of prior assessment of communication needs is missing or unclear **AND** the plan for supporting the person's communication is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Sarah's preferred method of communication is listed in her BSP as the use of speech and some signs but there is no evidence that her communication skills have been assessed **AND** there are no details about how others can support her communication.

0: Requirement: NO details are provided pertaining to the individual's communication needs. There is no reference to an assessment of communication needs. There is no plan to support the individual's communication.

Example: Ben has no documentation that specifies how he communicates or how to communicate with him.

ENABLING ENVIRONMENTS

B2. Choice.

Why is this important?

It is important to provide options and support (or even teach) genuine choice making. This can be done through the creation of opportunities for choosing, and by providing experience and knowledge about options and consequences. Behaviours that challenge are less likely when a person is doing things they have chosen to do or with people they have chosen to be with. These strategies should be consistent with what is known from a prior assessment about the functions the behaviour that challenges serve for the individual or a person-centred assessment of needs and should routinely be included within a BSP.

Scoring requirements and examples

3: Requirement: BOTH details are provided regarding choice making opportunities and skills, with evidence this component of the BSP is informed by a prior assessment **AND** a comprehensive plan, based upon assessment, has been derived to support choice making.

Example: Elaine's BSP lists many examples of choices she should be offered (for both day-to-day details and life-defining matters) and recognition about the types of choices that are important and possible for her to make based on prior assessments. There is emphasis on offering Elaine choices about food and drink, as this is linked in her BSP to the escape motivated function of her aggressive behaviour. Her choice-making skills are described and the plan states she will express her preference by either pointing to the item or using the Makaton sign for the item. There is information about how choices should be presented to Elaine and how to support her to choose. Further information is given about how to support her to make new and more complex choices, such as choosing where to live, by ensuring that she is provided with accessible information, given sufficient time to consider and opportunities to talk to other people, and providing opportunities to sample the options.

2: Requirement: EITHER information relating to choice making opportunities and skills is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **OR** the plan for supporting the person's choice making is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Ben is described as being able to choose between two physical items by pointing to the item, but it is unclear how this has been determined **OR** Ben's BSP lists examples of choices he should be offered. The plan states he will often display self-injury when he does not want to take part in an activity but does not describe how to provide choices within and between activities to prevent instances of self-injury. There is no recognition of how to support more complex choice making, and information about how others should present choices is vague.

1: Requirement: BOTH information relating to choice making opportunities and skills is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **AND** the plan for supporting the person's choice making is missing, inadequate, poorly defined, nonspecific or limited in scope and detail

Example: Mimi's plan states only that she should be offered choices throughout her day-to-day activities but with no information about her choice-making skills or how she expresses her preference **AND** there is no information about how to support her to make choices or to increase choice-making opportunities.

0: Requirement: NO details are provided relating to choice making. There is no reference to an assessment of choice making assessment. There is no plan to support the individual's choice making.

Example: Choice is not referred to in any of Simon's supporting documentation.

Why is this important?

People with intellectual disabilities are at increased risk of a variety of physical health difficulties and have higher rates of ill-health and mortality than those in the general population. They are also equally likely as others in the general population to experience mental health problems. Physical and mental health needs can often go unnoticed and unmet, due to a variety of factors, including atypical presentations, symptoms being attributed to another cause such as a person's intellectual disability (diagnostic overshadowing), and difficulties accessing appropriate service supports. Many people with intellectual disabilities also experience difficulties in communicating about their physical and mental health to others. Therefore, those supporting the individual need to be extra vigilant on the person's behalf in relation to *both* physical and mental health needs. This includes assessment and screening, proactive support and ensuring access to professional services. Behaviours that challenge are less likely when a person is well and not experiencing pain, discomfort and/or distress. Most people (with and without intellectual disabilities) highly value 'good health' and want to receive personal support in dignified ways. Support for physical health and, where required, mental health difficulties should routinely be included within BSPs.

Scoring requirements and examples

For ease of coding, examples are provided separately for physical health and mental health contexts. However, both physical health and mental health needs should both be comprehensively addressed in a BSP when identified in a prior assessment.

3: Requirement: BOTH details are included regarding the person's physical and mental health needs, with evidence prior assessment has been completed and informs this component of the BSP **AND** a comprehensive plan has been derived that addresses the identified needs.

Example 1 (physical health): The health section in Marcus's main care plan includes regular health checks and lists his health needs, identified in a prior assessment, and actions required to support these. Health needs identified include Type 2 diabetes, occasional urinary incontinence, seasonal hay fever and eczema. His plan includes various health professionals that are involved in delivering his care. The plan details the specific health-based interventions for each of these health needs including diet, exercise, personal hygiene routines and medication. There are also dates for review by each of the health professionals involved. In addition, he has a 'hospital passport' which contains important information regarding his care for occasions when he is required to visit the general hospital.

Example 2 (mental health): The health section in Mariam's main care plan includes regular health checks and lists her physical and mental health needs as identified in a prior assessment and actions required to support these. She has been formally diagnosed as experiencing depression and anxiety by her psychiatrist. She has been prescribed medication for this and there is a clear plan relating to monitoring and reducing this over time through incremental changes in dosage. Mariam's plan includes full details of professionals who will monitor her medication use and provide other therapeutic guidance and input to her mental health needs. There is detail about how caregivers can recognise changes in Mariam's mood and support her during times of difficulty. The plan provides clear strategies for helping Mariam engage in activities and practices that will support her wellbeing.

2: Requirement: EITHER information relating to the person's physical and mental health needs is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **OR** the plan for supporting the person's physical and mental health needs is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example 1 (physical health): The health needs section in Kate's care plan includes dysphagia and incontinence but with insufficient detail **OR** whilst there are specific guidelines in place from the speech and language therapist in relation to dysphagia and a date set for review, the guidance on mobility and exercise lacks specificity only stating that she needs to do her exercises 'regularly'. The exercises are not described, regularity is not defined and a review date is not reported.

Example 2 (mental health): Paul is identified as having mild depression but few details are written about this **OR** he is prescribed medication and sees a psychiatrist for regular reviews. His medication is altered occasionally, but a plan to determine when and how is not available. Paul does not have any additional support from mental health service professionals and there is no additional guidance available for caregivers to monitor and support his wellbeing.

1: Requirement: BOTH information relating to the person's physical and mental health needs is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **AND** the plan for supporting the person's physical and mental health needs is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example 1 (physical health): Tony has documentation that highlights some of his generic health needs **AND** he is identified as having significant mobility difficulties but his care plan only states that he 'requires assistance with mobility'. No other health issues or considerations are documented.

Example 2 (mental health): Rhys is identified as having 'mental health difficulties' relating to his mood, but these are not detailed fully and no formal diagnosis is available **AND** he is prescribed medication for anxiety that has not been reviewed for over a year and there is no additional guidance available for caregivers to monitor and support his wellbeing.

0: Requirement: NO details are provided relating to the person's physical and mental health needs. There is no reference to an assessment of physical and mental health needs. There is no plan to support the individual's physical and mental health needs.

Example: No mention of physical or mental health needs are made in any of Rosie's supporting documentation.

Why is this important?

Social contact is a basic human need. In situations where a person receives a good level of positive social interaction, in a way that suits their preferred communication style, they are less likely to display behaviours that challenge to obtain social interaction. Conversely, some individuals may not favour social contact and find it aversive and present behaviours that challenge that serve escape or avoidance functions. Therefore, understanding the individual relationship preferences of a person is very important. For most people (with and without intellectual disabilities), certain relationships with family and friends are a central part of their life. One of the defining features of PBS is the recognition that the people who are the most important part of a person's day-to-day life are those who are most likely to be involved in their support and are also connected to how behaviours that challenge develop and are maintained. Support relating to relationships should therefore routinely be included within a BSP.

Scoring requirements and examples

3: Requirement: BOTH details are provided regarding which relationships are important to the individual, with evidence prior assessment has been completed and informs this component of the BSP **AND** a comprehensive plan has been derived for supporting these relationships.

Example: Prior person-centred activities have identified people and relationships that are important to Sophie. Her BSP highlights relationships with her family (especially her sister) and close friends are particularly important to her. Sophie likes to see her sister every week on a Friday for coffee in a local café and her mother telephones her every couple of days in the evening. The plan states it is important for Sophie to be at home for her mother's phone call and for others to support her to arrange going for coffee with her sister. She likes to see her friends regularly and they often attend the same activities in the community which staff support by ensuring that Sophie can attend. When Sophie hasn't seen her friends or family as planned, she becomes very upset and this often escalates into an instance of behaviour that challenges. The BSP lists a range of relationship goals that are important to Sophie, such as making new friends and meeting new people, with a plan for how to achieve and monitor these goals. There is a range of activities listed that Sophie enjoys taking part in and information about new activities she has expressed an interest in, with a plan to support Sophie to take part in these. There is also a Positive Interaction Profile which provides detail of the optimal way for people to interact with her.

2: Requirement: EITHER information regarding which relationships are important to the individual is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **OR** the plan for supporting the person's relationships is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Ismail's family members are listed in his BSP but information about how often he likes to see or talk to his family, and how others can support this, is limited **OR** the BSP states Ismail does not have many friends and would like to find a girlfriend, but the goals linked to this are not detailed or timely. Ismail is supported to attend a social group at a day centre on a Wednesday but there is no information about other activities Ismail would like to take part in to support relationships.

1: Requirement: BOTH information regarding which relationships are important to the individual is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **AND** the plan for supporting the person's relationships is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Erin's BSP lists people who are often involved in her care or support, such as her mother, brother and social worker, but does not include any information about Erin's relationships with these individuals or other people who are important to her **AND** there is no information about how to support Erin to maintain or develop new relationships and no details about her involvement in the community.

0: Requirement: NO details are provided regarding the person's relationships. There is no reference to an assessment regarding the person's relationships. There is no plan to support the person's relationships.

Example: None of Sean's documentation lists the people that are important to him or the ways in which he prefers to be interacted with.

ENABLING ENVIRONMENTS

B5. Safe, consistent and predictable environment.

Why is this important?

Behaviours that challenge are less likely to occur when a person feels safe, is supported consistently and life has some predictability. Most people (with and without intellectual disabilities) want to live and work in safe, attractive environments where they feel at home. Strategies relating to these sorts of areas should be aligned with what is known from a prior assessment about the specific conditions under which behaviours that challenge occur and the functions the behaviours serve for the individual or a person-centred assessment of needs. Strategies to support safe, consistent and predictable environments should routinely be included within BSPs.

Scoring requirements and examples

3: Requirement: BOTH a clear description is provide of characteristics that facilitate a safe, consistent and predictable environment for the person, with evidence that this component of the BPS has been informed by prior assessment **AND** a comprehensive plan has been derived to support a consistent and predictable environment.

Example: James has an intellectual disability and is autistic. If he experiences a surprising event or when people enter his room without warning, he may respond by biting his own hand. Staff have developed a clear routine and timetable for James and spend 10 minutes every hour checking in with him using a timetable to ensure he is aware of what will happen. All staff know to knock gently and ask him if it is OK to come into his room before entering. James's care plan also contains a strategy for helping him cope with surprising events. Each day, a staff member uses a behavioural skills training approach to help him practice responding to increasingly surprising events. The strategy is reviewed each month by a behaviour analyst. There is written evidence that staff have been trained to competence in its use and that it is implemented accurately and consistently at least 95% of the time.

2: Requirement: EITHER information relating to characteristics that facilitate a safe, consistent and predictable environment is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **OR** the plan for supporting a safe, consistent, and predictable environment for the person is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Jeff has a core group of staff who are described as knowing him well and knowing how to help keep him feeling calm using distraction to de-escalate potential incidents if he ever feels scared **OR** the staff team use a daily planner in order to make his activities predictable but his support agency has struggled to provide cover throughout the week and, for at least one day a week, have to employ agency staff. This is acknowledged in his BSP but there is no plan in place to minimise the risk of behaviours that challenge occurring on days when agency staff are on shift.

1: Requirement: BOTH information relating to characteristics that facilitate a safe, consistent and predictable environment is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing or unclear **AND** the plan for supporting a safe, consistent, and predictable environment for the person is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Stella is said to 'get on well' with her flatmate, Michelle, and has communicated she wants to continue living with her. However, there have been two occasions in the past 18 months when Michelle has slapped Stella on the arm **AND** the BSP states some staff say they ensure they are present whenever both women are in the same room, whereas others say it is fine to leave them alone if Michelle is in a good mood. Stella's care plan says, 'Michelle can become aggressive, so staff should keep Stella safe at all times.'

0: Requirement: **NO** details are provided relating to characteristics that facilitate a safe, consistent and predictable environment. There is no reference to an assessment regarding characteristics that facilitate a safe, consistent and predictable environment. There is no plan to support a safe, consistent, and predictable environment.

Example: None of Michael's BSP discusses strategies to help him feel safe or with regard to predictability or consistency of his environment.

Why is this important?

There are strong links between engagement, activity levels and wellbeing. Behaviour that challenges is less likely when a person is meaningfully occupied. Skilled support ensures a person can participate at least partially in relatively complex activities so they learn to cope with demands and difficulties that might otherwise provoke behaviour that challenges. Most people (with and without intellectual disabilities) like to be busy. Strategies to support meaningful activity should be consistent with what is known from a prior assessment about the specific conditions under which a behaviour that challenges occurs and the functions the behaviour serves for the individual or a person-centred assessment of needs. Strategies focused on participation should routinely be present within a BSP.

Scoring requirements and examples

3: Requirement: BOTH a description is provided of personally meaningful activities the individual should be supported to participate in, with evidence this component of the BSP has been informed by prior assessment **AND** a comprehensive plan has been derived to support participation in meaningful activity.

Example: Adrian's functional assessment indicates he is more likely to self-injure during down periods where there is a lack of stimulation. His plan includes a detailed timetable of regular activities he has enjoyed in the past and a suggested list of new activities to try that he may like. Instructions are included for staff to involve him in most domestic tasks. Written routines cover key personal and domestic tasks with details on the order of steps and levels of help staff should provide at each step. There is clear information on how to interact with Adrian to promote his participation including his preferred reinforcement and how to ensure access to breaks when needed. Plans are included to involve him in self-grooming and dressing, which have been identified as personally important for Adrian. Opportunity plans are used to introduce new activities regularly.

2: Requirement: EITHER the description of personally meaningful activities the individual should be supported to participate in is missing or unclear; or evidence this component of the BSP is informed by a prior assessment is missing, unclear or lacks detail **OR** the plan for supporting personally meaningful activities is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: The BSP for Faisal states staff have drawn up a regular timetable with set community activities they know he enjoys, including daily attendance at a day service and one suggestion for a new activity to try **OR** the plan contains some activities he prefers. The BSP has a recommendation Active Support training for staff is investigated, but there are no details about the best ways to promote Faisal's participation in activities. The plan says to offer Faisal the chance to go for a walk when he looks bored.

1: Requirement: BOTH the description of personally meaningful activities the individual should be supported to participate in is missing or unclear; or evidence this component of the BSP is informed by a prior assessment is missing, unclear or lacks detail **AND** the plan for supporting personally meaningful activities is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: The BSP for Nicolle states she likes activities at the day care centre and relaxing, but it is not clear how this has been determined **AND** she has a timetable that includes TV and [passive] community-based activities (e.g. 'going for a drive'). Timings are vague with the timetable divided into periods of 5 hours only. There are no suggestions for any new activities.

0: Requirement: NO details are provided relating to facilitating participation in meaningful activities. There is no reference to an assessment regarding participation in meaningful activities. There is no plan to support facilitating participation in meaningful activities.

Example: Jane's plan focuses on healthcare needs and behaviour management. The primary prevention section has no mention of her participation in activities.

Why is this important?

Behaviour that challenges is best understood as learned behaviour that relates directly to antecedent events and reinforcing consequences. Behaviour is influenced by the presence or absence of specific environmental variables that increase the likelihood of the behaviour occurring. These variables can be mitigated or removed through antecedent intervention strategies. These strategies should be consistent with what is known from a prior functional assessment about the specific conditions under which the behaviour occurs and should routinely be included in a BSP.

Scoring requirements and examples

3: Requirement: BOTH antecedent conditions relating to the behaviour that challenges are clearly described, with evidence a functional assessment has been completed and informs this component of the BSP **AND** a comprehensive plan that links to how these conditions can be altered to increase life quality *and* reduce the likelihood of the occurrence of challenging behaviour.

Example: Steve's functional assessment indicates he is most likely to engage in self-injury when his routine has been disrupted, when he has been alone for long periods, and when he is asked to do lots of things at once (especially self-care tasks). There are plans to use a 'Now-Then' communication tool to help Steve understand when unavoidable changes to his routine occur. To prevent him being alone for long periods he has a comprehensive timetable which includes lots of opportunities for social interaction throughout the day and guidance for staff to support interactions with Steve about preferred topics and areas of interest. The BSP has a clear directive of not overwhelming him with simultaneous requests with details of a choice-making procedure for him to identify the order he would like to complete aspects of self-care and an embedded reinforcement strategy (Steve likes to listen to Radio 2 when in the bathroom and brushing his teeth and this helps him feel calmer). Staff are instructed to use a 'little and often' approach to support Steve to complete his self-care routine over an extended period and offer lots of opportunities for breaks during this.

2: Requirement: EITHER the description of antecedent conditions relating to the behaviour that challenges is missing or unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing, unclear or lacks detail **OR** the plan that links to antecedents is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Jill is said to have a history of lashing out when in supermarkets and shopping centres. This history is recorded in her notes, but it is not clear why Jill engages in this behaviour **OR** Staff have been instructed to use simple language to help keep Jill calm when she is in the supermarket or a shopping centre and to not go there too often.

1: Requirement: BOTH the description of antecedent conditions relating to the behaviour that challenges is missing or unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing, unclear or lacks detail **AND** the plan that links to antecedents is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Louise's BSP asserts she 'becomes challenging when she cannot get her own way'. There is no link to a prior assessment, but one example is given in relation to the choice of TV channel **AND** staff are instructed to help Louise manage these times and make sure everyone in the home gets to make some choices about this. There is no detail about how to achieve this or support Louise.

0: Requirement: NO details are provided relating to antecedent conditions. There is no reference to an assessment of antecedent conditions. There is no plan relation to antecedent interventions

Example: Robert's BSP contains only reactive strategies for dealing with behaviour that challenges after it occurs.

Why is this important?

The more independent a person is the more empowered they will typically feel and the less likely they will need assistance that they might find aversive. In addition, having alternative skills that are more efficient and reliably achieve the same results as behaviour that challenges means behaviour that challenges is less likely to be displayed by a person. New skills/behaviours need to be systemically presented and reinforced if they are to be developed, maintained, and generalised across settings. These strategies should be consistent with what is known from a prior assessment about the functions the behaviour that challenges serve for the individual and/or a person-centred assessment of skills, needs, aspirations and life quality. Skill building strategies should routinely be included within a BSP.

Scoring requirements and examples

3: Requirement: BOTH a clear description is provided of skills teaching goals for the person, with evidence that prior assessment has been completed and informs this component of the BSP **AND** a comprehensive plan has been derived to support the development of these skills.

Example: Margo's BSP includes a number of clearly described general life skill goals that have been determined through observation and detailed recording with clear links to her Person-Centred Plan and Functional Behaviour Assessment. These include learning to use public transport (linked to a personal goal for Margo to be able to visit her sister more frequently), learning to use the washing machine (to support greater independence and activity at home) and a goal of using a sign to indicate thirst instead of hitting her head (linked to findings from the functional assessment). Personalised task analyses have been completed, with clear directions for each teaching step (including the use of reinforcement) and clear criteria for success. A system for recording progress is incorporated, as well as plans to extend teaching to other settings and for supporting implementation by members of her support team.

2: Requirement: EITHER the description of skills teaching goals is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing **OR** the plan that links to skills teaching is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Rosie's BSP states that she needs to learn to use specific breathing techniques when distressed to help her not to get frustrated and 'lash out'. It also states she should increase her life skills and suggests she learns how to bake a cake with help from her key worker because she used to like cooking in the past **OR** these activities are scheduled on her timetable but there is no teaching plan beyond a statement to help Rosie do more over time and to give her lots of encouragement.

1: Requirement: BOTH the description of skills teaching goals is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing **AND** the plan that links to skills teaching is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Malik's BSP suggests he does not like being hungry or anxious **AND** his BSP states that staff should encourage him to ask for a snack when he needs one and learn how to calm down when feeling stressed. No plan is apparent for teaching Malik to access or request food. Although he has a full timetable, no skills training is highlighted in any other area.

0: Requirement: NO details are provided relating to skills teaching goals. There is no reference to an assessment of skills teaching goals. There is no plan relation to the attainment of skills teaching goals.

Example: Isaak's BSP states he needs to learn how to self-occupy and respect boundaries but provides no detail on which skills to focus on, how staff should go about this or why this is relevant to his behaviour that challenges or life quality.

Why is this important?

Behaviour that challenges is best understood as learned behaviour that relates directly to antecedent events and reinforcing consequences. It is important to identify critical periods and events for each person that may increase the chance, or signal the probability, of behaviour that challenges occurring. It is also important to identify both general warning signs and person-specific indicators of anxiety or distress that occur early in the chain of escalation. Based on this understanding a plan should be created to support de-escalation and rapid and safe resolution of incidents. These strategies should be consistent with what is known from a prior functional assessment about the specific conditions under which behaviour that challenges occurs for the person and included as a routine element of a BSP

Scoring requirements and examples

3: Requirement: BOTH a clear description of antecedent conditions is provided, including precursor behaviours and person-specific indicators related to behaviour that challenges displayed by the person, with evidence prior assessment has been completed and informs this component of the BSP **AND** a comprehensive plan has been derived to support de-escalation and rapid and safe resolution in ways that reduce the likelihood of the occurrence of a more serious behaviour that challenges.

Example: Nick's plan describes clear precursor behaviours that are early warning signs that indicate he is becoming upset (e.g. pacing, wringing his hands, gritting his teeth). His plan also has clear operationalised descriptions of situations and events associated with the likelihood of these behaviours (e.g. waiting for the start of an activity, new people visiting his home, the sound of reversing cars). It contains clearly detailed de-escalation/diversion strategies. These include prompting him to use relaxation techniques he has been taught, engaging in low demand/highly preferred activities (e.g. listening to Radio 2) and watering the plants in his garden, and checking on Nick periodically to ensure he is OK.

2: Requirement: EITHER the description of antecedent conditions, precursor behaviours and person-specific indicators is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing **OR** the plan that links to de-escalation and rapid and safe resolution of behaviour that challenges is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Viki's plan contains detail of her behaviours that challenge and broad conditions that make behaviour that challenges more likely for people with an intellectual disability (e.g., difficulties in communicating needs) **OR** the secondary prevention section states when she is becoming upset, staff are to calm her and ask her to do something she enjoys. There are no specific examples detailed in the plan as to how to achieve this.

1: Requirement: BOTH the description of antecedent conditions, precursor behaviours and person-specific indicators is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing **AND** the plan that links to de-escalation and rapid and safe resolution of behaviour that challenges is missing, inadequate, poorly defined, nonspecific or limited in scope and detail

Example: Peter's BSP states behaviour that challenges is most likely when he is cross and frustrated. It does not detail indicators that signal when Peter might feel this way or identify situations or triggers that increase the likelihood of this **AND** the plan says Peter needs staff to be patient and give him time to calm down when he is feeling like this. No specific instructions are given on how to prevent behaviours that challenge from occurring or to support de-escalation.

0: Requirement: **NO** details are provided relating to antecedent conditions, precursor behaviours and person-specific indicators. There is no reference to an assessment of antecedent conditions, precursor behaviours and person-specific indicators. No plans to support de-escalation and rapid and safe resolution of behaviour that challenges are apparent.

Example: Richard's plan states he can become aggressive to others often resulting in them being injured. No chain of escalation is described. No secondary intervention plan is evident and staff are advised to escort him from the immediate environment when behaviours that challenge are severe.

Why is this important?

Crisis management strategies are designed to keep the person and those around them safe during times behaviours that challenge are occurring or about to occur. They provide a way to quickly resolve a situation where the person is distressed or anxious and beginning to display behaviour that challenges. Where possible these will connect to other early strategies designed to de-escalate and prevent a full-scale behavioural crisis (i.e., secondary prevention intervention as covered in E1). Where this is not possible, or these strategies have failed to prevent escalation, a safe and effective reactive strategy should be employed and all staff should be trained in its implementation. The least intrusive and least restrictive strategies should always be used first and a plan should be in place to reduce and eliminate the use of any restrictive strategies. What is considered intrusive or restrictive should be informed by a prior assessment of the individual. Crisis management strategies should be routinely included in a BSP.

Scoring requirements and examples

3: Requirement: BOTH a clear description is provided of antecedent conditions, precursor behaviours and person-specific indicators related to behaviour that challenges displayed by the person, with evidence prior assessment has been completed and informs this component of the BSP **AND** a comprehensive crisis management plan has been derived to keep the person and those around them safe during times behaviours that challenge are occurring or about to occur that includes the following:

- Links to secondary prevention strategies.
- Specific and well-operationalised reactive strategies.
- A statement regarding requirements for staff training and competence.
- Strategies to reduce and eliminate restrictive interventions.

Example: Ed displays self-injury that in the past has led to considerable bruising. The BSP references Ed's functional assessment and summarises how he is more likely to display self-injury when he is constipated and when demands are made on him. His crisis management plan is linked to a range of secondary prevention strategies that are in place for managing discomfort caused by constipation and the strategic withdrawal of demands if he exhibits precursor behaviours or signs of distress. The BSP notes there are occasions when these secondary intervention strategies may fail to prevent his attempts to hit his head. At these times, staff are advised to firstly try and place a cushion between Ed's hand and head. If this is not successful, staff are advised to physically block his attempts to self-harm using a clearly defined and named technique. All staff have been trained recently and have been assessed to be competent in the execution of the technique. Staff are further advised to divert Ed to a preferred activity as soon as possible and to employ a range of strategies to help Ed calm following the crisis period. After the use of such reactive strategies, staff are required to provide detail of the circumstances that lead to their use and specific detail of the intervention including the duration. A specific goal together with review period and strategies to reduce the frequency that blocking is used is stated in his plan.

2: Requirement: EITHER the description of antecedent conditions, precursor behaviours and person-specific indicators related to behaviour that challenges displayed by the person is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing **OR** the crisis management plan is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Kathy's BSP states she has long been known to get upset and that she displays aggressive behaviours when frustrated. There are no explicit references or links to prior assessments **OR** her BSP has a range of secondary intervention and reactive strategies identified for which staff have recently received competency-based training. These are included in Kathy's plan but have not been separated and are under a general heading of reactive strategies with no indication of a hierarchy of use or the details of the type of incident that might require their use. A goal regarding the need to reduce the use of the more restrictive interventions over time is stated in the plan but with no timeline or guidance for how this might be achieved.

1: Requirement: BOTH EITHER the description of antecedent conditions, precursor behaviours and person-specific indicators related to behaviour that challenges displayed by the person is missing, unclear or lacks detail; or evidence this component of the BSP is informed by a prior assessment is missing **AND** the crisis management plan is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Anne's incident reports indicate she often engages in aggressive behaviour directed at her carers during certain self-care procedures but no reasons for this are given. Her plan also lacks detail of the nature of the behaviour that challenges using only the description 'aggression' **AND** the plan states Anne should be encouraged to go to her bedroom or access the garden if she is becoming upset, with no detail provided on how staff should support her to do this or how they would know she was becoming upset. No reduction plan or goal is evident.

0: Requirement: NO details are provided relating to crisis management. There is no reference to an assessment relating to crisis management.

Example: Carl has a range of antecedent based strategies in his BSP. Despite presenting serious aggression toward staff, no specific reactive strategies are specified.

Why is this important?

BSPs are live documents that should be adapted and refined over time to ensure continued improvement in line with goals identified with and for the person. Strategies need to be reviewed regularly and evaluated to ensure that intended goals are being met. Research shows BSPs are more likely to be implemented as intended (and therefore more likely to be effective) when each element of the BSP clearly states what is required and who is responsible, and this is systematically monitored and reviewed. All BSPs should therefore routinely include careful consideration of monitoring and evaluation of support.

Scoring requirements and examples

3: Requirement: BOTH clear descriptions of what is required for each element of the BSP and who is responsible for its implementation **AND** a plan to ensure regular monitoring, evaluation and review of the BSP with associated standards.

Example: Each element of Muhamad's BSP is clearly described and there is reference to who is responsible for using each strategy. His BSP includes a recording system to monitor implementation of each of the strategies described in line with this. This includes a resource to record when each intervention is implemented, and by whom that corresponds to implementation criteria or details stated elsewhere in the plan. Staff who support Muhamad also have a form to complete at regular intervals during and following each shift that records engagement levels, choice making and instances of behaviours that challenge. A Periodic Service Review (PSR) is in place which has clearly operationalised standards for the implementation of the BSP. As part of the PSR, Muhamad's staff team meet with their team leader every 4 weeks to review implementation and evaluation records. The results of these reviews are recorded and tracked over time. A commitment to improving the quality of the interventions and/or implementation strategies as required, following review of this data, is apparent.

2: Requirement: EITHER the descriptions of what is required for each element of the BSP and who is responsible for its implementation is missing or unclear or lacks detail **OR** the plan to ensure regular monitoring, evaluation and review of the BSP with associated standards is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Sandra's BSP includes some clearly defined elements and others that are very vague. It says 'all staff' should use all strategies **OR** her BSP references a form for staff to complete whereby they tick if they have used her communication strategies in the shift. There is no detail of what the communication strategies need to include or a way to record how frequently they are used within a shift. The plan also includes a statement that staff will regularly review goal progress and implementation at team meetings, but it is unclear how often these will happen or how/if data relating to monitoring will be utilised.

1: Requirement: BOTH the descriptions of what is required for each element of the BSP and who is responsible for its implementation is missing or unclear or lacks detail **AND** the plan to ensure regular monitoring, evaluation and review of the BSP with associated standards is missing, inadequate, poorly defined, nonspecific or limited in scope and detail.

Example: Olly's BSP has very little consideration of who will use the strategies and exactly what people need to do in relation to each element **AND** there is a suggestion the plan will be reviewed at annual progress meetings but no system to determine how.

0: Requirement: There are no descriptions of what is required to implement each element or who is responsible for doing this and no plan to ensure regular monitoring, evaluation and review of the BSP.

Example: Annette's BSP has not been reviewed for over a year and there is no evidence of any plan to review this in the future.