

Individualised behaviour rating scale

Reporter

Sarah Senior at [St Matthews](#) on 9 October 2014.

What did you do*?

We wanted to be more precise about aggressive, harmful, sexualised and other challenging behaviours, so that we could accurately track change in one person. In collaboration with our psychiatrist and psychologist, we have developed a four-axis measure with eight points on each axis, which includes a description of specific behaviours at each point.

We sometimes add to these descriptors to capture relevant but unusual behaviours so that the scale is tailored to the person's particular behavioural profile. The language is sufficiently clear and accessible for all staff to be able to use the scale. The coding is then entered into an excel spreadsheet and a chart produced for the ward round to show the pattern of monitored behaviour.

What is excellent about it?

The chart shows in an easy 'at a glance' format whether behaviour is improving or deteriorating and this can sometimes be linked to changes in treatment regime or other factors. It may be helpful to share the chart with some patients.

It is tailored to the individual and so more accurately captures small changes in their behaviour and helps staff to be consistent in how incidents are reported. It has been used to develop a consistent ladder of reaction from staff, so that each specific behaviour results in same response.

Even better next time?

The scale helps the staff team to be clear and consistent in their response to challenging behaviour and to contain their own personal responses in this very difficult area of the job. We take antisocial and harmful behaviour very seriously and look for evidence of real improvements over time.

Stories of Striving for Excellence in Locked Rehabilitation Services

The pressure of the job means that it is sometimes difficult to see the long view, and so this enables us to track and celebrate long term and consistent reductions in challenging behaviour over time.

We try to help the person start good things happening in their life as well as stop bad things happening, to retain a focus on strengths.

This work is a local innovation that may be further enriched by a literature review or placed in the public domain through an academic publication.

* [NDTi](#) was commissioned to deliver a staff development programme promoting a more personalised and inclusive approach for those living and working in locked rehabilitation services in the English East Midlands. While the current inspection routine has a focus on risk prevention, our job is to focus on sharing positive practice and innovation. Peter Bates led the programme and wrote up these stories.

The Excellence Programme is for independent and voluntary sector providers of locked residential rehabilitation services for people with mental health issues or learning disabilities living in the East Midlands. It has delivered:

- A series of seminars for key staff and people using services to promote a more personalised and inclusive approach
- A shared sense of what excellent services look like, captured in an [Excellence Framework](#) document.
- Learning exchange visits between members which lead to individual action plans for each service
- Excellence stories that capture and share ideas for service improvement.

These case studies have arisen from members of the Excellence programme and NDTi has not independently verified what we have been told. Some are radical and ambitious approaches that transform the whole service, while others consist of small steps that may not seem especially exciting to other readers, but make a difference to one person. Some readers might even question whether progress is being made at all! The overall purpose is to stimulate reflection and celebration for every step forward, whether large or small.