Melbourne Children's
A world leader in child and adolescent health

Supported by The Royal Children's Hospital Foundation

The Behaviour Support Profile

Evaluation Summary 2025

Melbourne Children's Campus Mental Health Strategy

Introduction

"Our vision is that all infants, children, adolescents, and their families will be able to access high-quality, equitable, and consistent prevention and mental health care where and when they need it, to achieve sustained, optimised developmental, health, and wellbeing outcomes."

The Campus Mental Health Strategy (CMHS) was developed to address the complex mental health needs of children and young people within paediatric healthcare. Bringing together the expertise of people with lived experience, clinicians, researchers, educators, and paediatric leaders, our integrated strategy is designed to holistically strengthen mental health research, education, and care of children, young people, and their families across the Melbourne Children's Campus.

Melbourne Children's Campus partners:

Our Trauma-Informed Preventative Care (TIPC) program aims to:

- increase understanding and promote a shared language of trauma and trauma-informed preventative care
- advocate for practices that prevent trauma and re-traumatisation in paediatric hospital settings
- develop trauma-informed resources to support children, young people, parents, carers, supporters, and staff

The CMHS, in collaboration with lived experience advisors and RCH staff, has developed and piloted an online TIPC foundational training to build awareness and understanding of trauma and trauma-informed preventative care in paediatric healthcare.

What is trauma-informed preventative care (TIPC)?

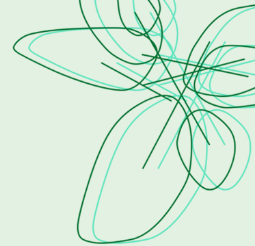
TIPC recognises the prevalence and impact of trauma on children (Olweny, Elliott, Giborski, Thiraviarajah, & Goldfeld, 2024). According to the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), trauma is defined as an "event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life-threatening, and that has lasting adverse effects on their functioning and wellbeing."

TIPC acknowledges that illness and treatment can be distressing, and that a universal preventative psychosocial approach can minimise harm. By emphasising physical, psychological, psychosocial, emotional, and cultural safety, TIPC provides a comprehensive framework that supports family-centred care and staff wellbeing (SAMHSA, 2014).

People respond to stress or unfamiliar environments in many different ways. These responses, often shaped by past experiences, can be misunderstood or misinterpreted as behaviours of concern (SAMHSA, 2014). At the RCH, a key TIPC tool is the Behaviour Support Profile (BSP).

The BSP documents and addresses the non-medical needs of patients, such as communication preferences, sensory sensitivities, and coping strategies. It helps staff tailor care to each patient, reducing distress and enhancing their sense of safety and wellbeing.

The BSP embodies the practical application of TIPC, supporting the CMHS's broader objective of transforming how we understand and respond to the needs of children and young people in paediatric healthcare.



Evaluation of the Behaviour Support Profile

The Behaviour Support Profile (BSP) is an asset for delivering safer, smoother, and more equitable paediatric healthcare. Unique to The Royal Children's Hospital (RCH), the tool exemplifies trauma-informed preventative care (TIPC) and presents an opportunity to make a positive and meaningful impact on children, young people, parents, carers, and staff at the RCH and beyond.

Background

The RCH is committed to delivering safe, accessible, playful, and kid-centric care.

To do this, critical information impacting patients' physical and psychological health and wellbeing must be communicated effectively and systematically (ACSQHC, 2021).

Including patients' non-medical needs and preferences in care planning reduces miscommunication and distress, improving the effectiveness of care (Bray, Appleton, & Sharpe, 2019). However, in paediatric healthcare, this information is often incomplete, scattered, or absent (Iannuzzi, Kopecky, Broder-Fingert, & Connors, 2015).

While many staff document aspects of psychosocial wellbeing, it is not typical for information about communication preferences, sensory sensitivities, and coping strategies to be collected or made accessible. This impacts equity, as people with neurodivergence have been found to experience significant disparities in receiving care because of differences in how their needs are communicated and recognised (Call, Bernstein, Bottini, Kalia, Pattishall, & Muething, 2022).

Recognising the need to better support children and young people with autism, anxiety disorders, intellectual disabilities and/or additional needs, the RCH launched the 'Do You Know Me?' project in 2017. Feedback from parents, carers, and staff was overwhelmingly positive, including reduced stress during hospital stays, along with improved communication and care delivery.

In 2019, the tool was renamed the Behaviour Support Profile (BSP) and was digitised to provide a centralised platform in the electronic medical record (EMR). Since its implementation in 2019, the BSP has not been formally evaluated.

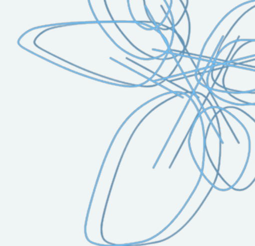
Key Messages

- The BSP is a tool designed to capture the psychosocial needs and preferences of children and young people receiving care at the RCH.
- It supports proactive, child- and family-centred care planning through collaboration with children, young people, and their parents/carers.
- It promotes equitable healthcare by mitigating risks of harm and providing trauma-informed insights for staff, empowering them to personalise care to individual needs, navigate complex interactions, and prevent or reduce distress, reducing the need for Code Grey intervention.
- It has the potential for broader application and requires optimisation, staff education, and greater emphasis on TIPC to achieve its full impact across the RCH.

Aims and Methods

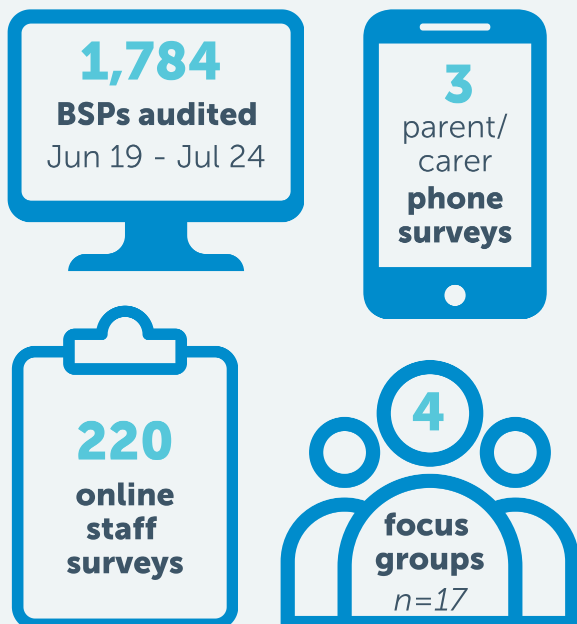
This evaluation, ethically approved under the National Health and Medical Research Council (QA/9747), aimed to assess the acceptability, usability, and effectiveness of the BSP to guide its optimisation by:

- Analysing engagement data and user feedback from RCH staff and parents/carers.
- Increasing staff utilisation of the tool in routine care, improving user satisfaction, and identifying necessary improvements.



What we found

This quality improvement evaluation employed a mixed-methods design, incorporating:



Quantitative findings from the surveys and the EMR audit were cross-referenced with qualitative themes identified from open-ended survey responses, focus group transcripts, and parent/carer feedback.

This method ensured a comprehensive understanding of the BSP's usability, engagement patterns, and potential areas for improvement.

Key Findings

Staff indicated acceptability of the BSP and provided insights to improve usability and maximising its effectiveness.

1 The BSP empowers staff to deliver more equitable, preventative care that reduces the need for Code Grey intervention.

Staff consistently agreed that the BSP facilitated proactive care planning and improved their ability to recognise and respond to their patients' needs and preferences. Figure 1 indicates the proportion of staff who agreed that it enhanced their understanding across the listed domains.

Figure 1: Proportion of surveyed staff who agreed that the BSP enhanced their understanding of their patients' needs *(n=119)*

Domain	%
Sensory sensitivities/preferences	88%
Calming strategies	87%
Triggers or behaviours of concern	87%
Communication needs/preferences	86%
Pain/distress	77%

"The more we know about a young person through the BSP, the better we can communicate and plan care. This leads to better outcomes as we can address their needs and fears more effectively" (RCH staff member, focus group one).

While 65% of staff users reported that the BSP enabled them to de-escalate patient behaviour, its role in preventing distress, behaviour escalation, and the need for Code Grey intervention was also emphasised:

"The [BSP] allowed the [child/young person] to have... a smooth pre-op journey into theatre whereas in the past these had not been identified, and the patient had ended up needing a code grey called due to escalation" (RCH staff member, online survey).

This was echoed by a surveyed parent/carer, who said the BSP assists staff with recognising "...triggers and what not to say to escalate or heighten them" (parent/carer, phone survey).

2 The BSP empowers parents/carers and reduces stress.

Staff explained how the BSP documents information that parents and carers would otherwise have to repeat to new staff, which in turn reduces stress:

"The pressure this removes from parents is huge... you can see the relief when you're asking the BSP questions ... [It] just feels like a small thing to do to help reduce their stress" (RCH staff member, online survey).

Staff described how the tool facilitates collaboration with parents and carers and serves as a way to empower them during a difficult time:

"... it empowers their parenting both at home and helps them feel a part of their journey in hospital, rather than having control taken away from them" (RCH staff member, focus group one).

3 The BSP has broader application beyond its current design.

The evaluation recognised the tool's potential beyond supporting individuals with autism, severe anxiety, and intellectual disabilities.

The audit revealed that staff frequently used the BSP's 'other' open-text fields to document insights into perceptions of safety versus threat and expressions of unmet needs; factors that can apply to any child or young person in hospital.

"I think anyone can use it, and we can use it for anyone" (RCH staff member, focus group two).

Themes within 'other' field entries included:

- expressions of overstimulation and/or not feeling safe (eg physical defensiveness, to make something stop, self-harm, stimming, attempts to escape)
- strategies for increasing predictability (eg clear communication of what to expect, maintaining consistent boundaries),
- fostering a sense of control (eg offering choices, providing space for self-regulation)

These themes align with TIPC and suggest that the BSP could be reconfigured to highlight individualised strategies to help children and young people feel safer during their hospital stay. This would reinforce its relevance for all patients.

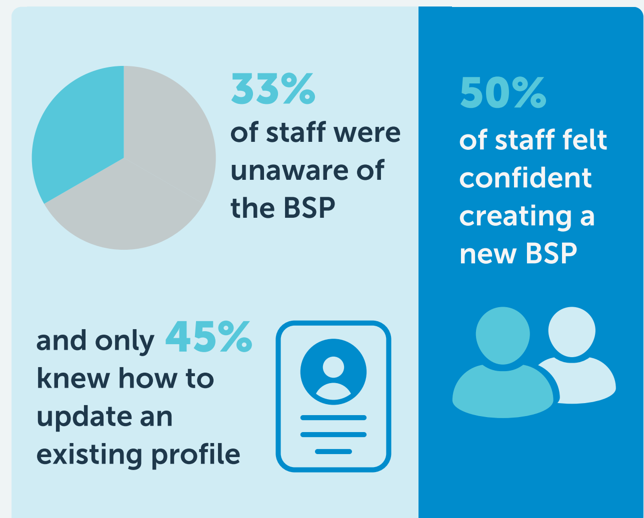
4 The BSP has significant potential for wider impact.

Staff and parents/carers expressed that the BSP's impact relies on consistent engagement and collaboration across disciplines and departments. However, many staff remain unaware of the tool or how to use it.

According to the audit data:

- **8.4%** patient-facing staff created BSPs for **0.6%** of patients at RCH.
- This represents **349 staff members and 1,784 BSPs**.

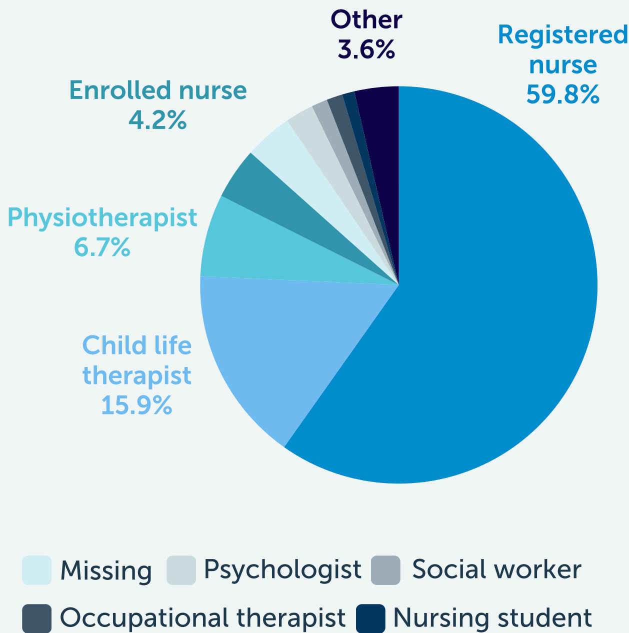
According to the staff survey:



This indicates that while the BSP has been beneficial for those it has been used with, it holds significant potential for wider impact and for supporting the practical implementation of TIPC across the RCH.

Figure 2 illustrates the primary creators of BSPs in the EMR, with registered nurses and child life therapists accounting for 75% of all BSPs created.

Figure 2: BSPs created by role in the EMR



The evaluation found that overall staff engagement with the BSP, and its potential impact, could be strengthened by addressing challenges related to:

- staff knowledge and awareness
- consistent and collaborative use
- role responsibility
- EMR accessibility

"I think other people think it's someone else's responsibility to start it or recognise it or update it" (RCH staff member, focus group).

Barriers to consistent staff use

62% reported time constraints and unclear role responsibilities

55% reported difficulties navigating EMR

5 TIPC as an enabler that helps mitigate risk

The impact of the BSP relies on collective staff ownership and consistent use, which requires widespread awareness of its existence, purpose, and value to the RCH, children and young people.

TIPC highlights the necessity to consider psychosocial needs and preferences in healthcare to mitigate the risk of harm resulting from care, reinforcing the BSP's relevance and benefit for children, young people, parents, carers, and staff.

TIPC aims to reduce harm through a universal, preventative approach and supports the practical application of the BSP.

By shifting the question from "What's wrong with you?" to "What happened to you?", TIPC acknowledges the role of past experiences in shaping the varied ways individuals may respond under stress.

By embedding foundational TIPC understanding across the hospital, staff can better address unmet needs, support safety and wellbeing, and maximise the BSP's impact.

Limitations

- Low engagement (n=3) from parents and carers in the evaluation limited the generalisability of findings because their perspectives were underrepresented.
- Variations in staff familiarity with the BSP influenced survey responses, with those less aware providing limited feedback and those more familiar potentially contributing more positive perspectives.
- Difficulties accessing and updating BSPs in the EMR affected data completeness and may have hindered staff utilisation, impacting the reliability of usage data.

Recommendations and conclusion

1. **Prioritise foundational TIPC understanding as a hospital-wide standard.** Embedding TIPC understanding as a hospital standard will support BSP engagement and implementation. This requires:
   - organisation-wide adoption of TIPC-aligned language, policies, and procedures, alongside strategic investment to promote a shared understanding
   - completion of TIPC foundational training by leadership across the Campus
   - a rollout of protected time for clinical and non-clinical staff to complete the TIPC foundational training
2. **Optimise the BSP in the EMR.** Update the BSP to shift its focus from reactive language (eg "behaviours of concern," "Behaviour Support Profile") to proactive and trauma-informed preventative care language. Enhance the tool's visibility, accessibility, and streamlined structure within the EMR to support integration into routine clinical workflows.
3. **Increase staff awareness and training of the BSP.** Implement targeted education and promotional campaigns to familiarise staff with the BSP. Provide clear, step-by-step training on creating, updating and using the BSP, highlighting its relevance across roles and reinforcing collective ownership within clinical teams.
4. **Enable patients and families access to update and complete BSPs as part of their care journey, ensuring their needs and preferences are reflected.** Ongoing investment in My RCH Portal is essential to support and sustain this access.
5. **Prioritise future evaluation with children, young people, parents, and carers to ensure the tool aligns with their needs, experiences, and expectations.**
6. **Explore opportunities to expand and validate the BSP for broader application across paediatric healthcare settings, further positioning the RCH as a leader in TIPC.**

Conclusion

The BSP demonstrates TIPC by promoting safe, consistent, and child-centred paediatric healthcare at the RCH. Designed to document the psychosocial needs of patients, it empowers staff to navigate complex interactions, tailor care to individual needs, and mitigate the risk of harm. It improves rapport and collaboration, ensures smoother hospital procedures, reduces distress, and lessens Code Grey interventions.

While initially developed for children with autism, intellectual disabilities and/or other additional needs, the BSP has the potential to benefit all children coming into hospital. However, its impact is currently restricted by inconsistent staff engagement, low awareness, unclear role ownership, and accessibility challenges. To improve the tool, the BSP must be optimised and promoted alongside TIPC education to encourage engagement and collective ownership.

The BSP's integration into standard practice, supported by foundational TIPC education, will strengthen the RCH as a global leader in trauma-informed preventative care, ensuring it is a place where all children, young people, parents, carers, and staff are safe and thrive.

Acknowledgements

This summary is based on 'The Behaviour Support Profile: Evaluation Report 2025'. For a complete list of references, please refer to the full report.

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