

# The Behaviour Support Profile: A trauma-informed tool supporting children and young people in paediatric healthcare

Alma Giborski<sup>1</sup>, Maddie Cranney<sup>2</sup>, Kelly Light<sup>1</sup>, Melissa McKinlay<sup>2</sup>, Emily Cull<sup>1</sup>

1. The Royal Children's Hospital Melbourne, 2. Murdoch Children's Research Institute



## Background and Aims

In paediatric healthcare, psychosocial information is often incomplete, scattered, or absent. This can lead staff to rely on generalised assumptions about the needs and preferences of children and young people, increasing the risk of avoidable distress for those with complex needs (Iannuzzi, Kopecky, Broder-Fingert & Connors, 2015).

The Behaviour Support Profile (BSP) was integrated into the Electronic Medical Record (EMR) at the Royal Children's Hospital (RCH) Melbourne in 2019 to address this gap by documenting non-medical needs, such as previous hospital experiences, communication preferences, and sensory sensitivities. By providing this information, the BSP empowers staff to deliver tailored, trauma-informed preventative care (TIPC).

This study evaluates the BSP's effectiveness, usability, and acceptability while identifying opportunities to optimise its use and promote TIPC in practice.

## Methods

This quality improvement evaluation, ethically approved under the National Health and Medical Research Council (QA/9747), utilised a mixed-methods design:



Findings were analysed quantitatively and thematically to generate recommendations for optimising the BSP and improving its integration into clinical workflows.

## Results

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

Staff consistently agreed the BSP facilitated proactive care planning and enhanced their ability to recognise and respond to their patients' needs and preferences.

**Figure 1:** Proportion of surveyed staff agreement that the BSP enhanced their understanding of their patients' needs.

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

"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

### 2 The BSP empowers parents/carers and reduces stress

Staff explained how the BSP documents information that parents/carers otherwise feel they need 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.

"... 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.

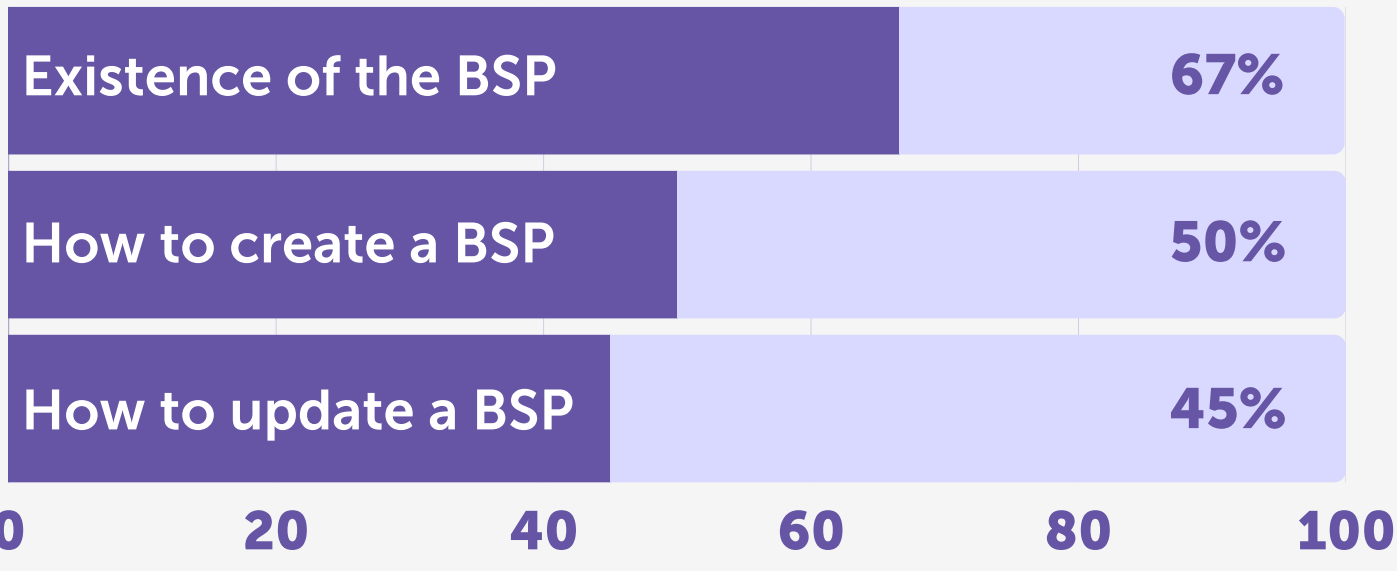
### 3 The BSP has broader applications beyond its current design

The audit revealed staff frequently used the BSP's 'other' open-text fields to document insights about perceptions of safety and threat, as well as expressions of unmet needs. These are relevant to any child or young person in healthcare, and not just those with autism, severe anxiety, or intellectual disabilities. This suggests that the tool could be optimised to facilitate trauma-informed preventative care for all children and young people in hospital.

### 4 The BSP has significant potential for wider impact

Staff and parents/carers emphasised that the BSP's impact relies on consistent engagement and cross-disciplinary collaboration. However, many staff reported that they were unaware of the tool or how to use it.

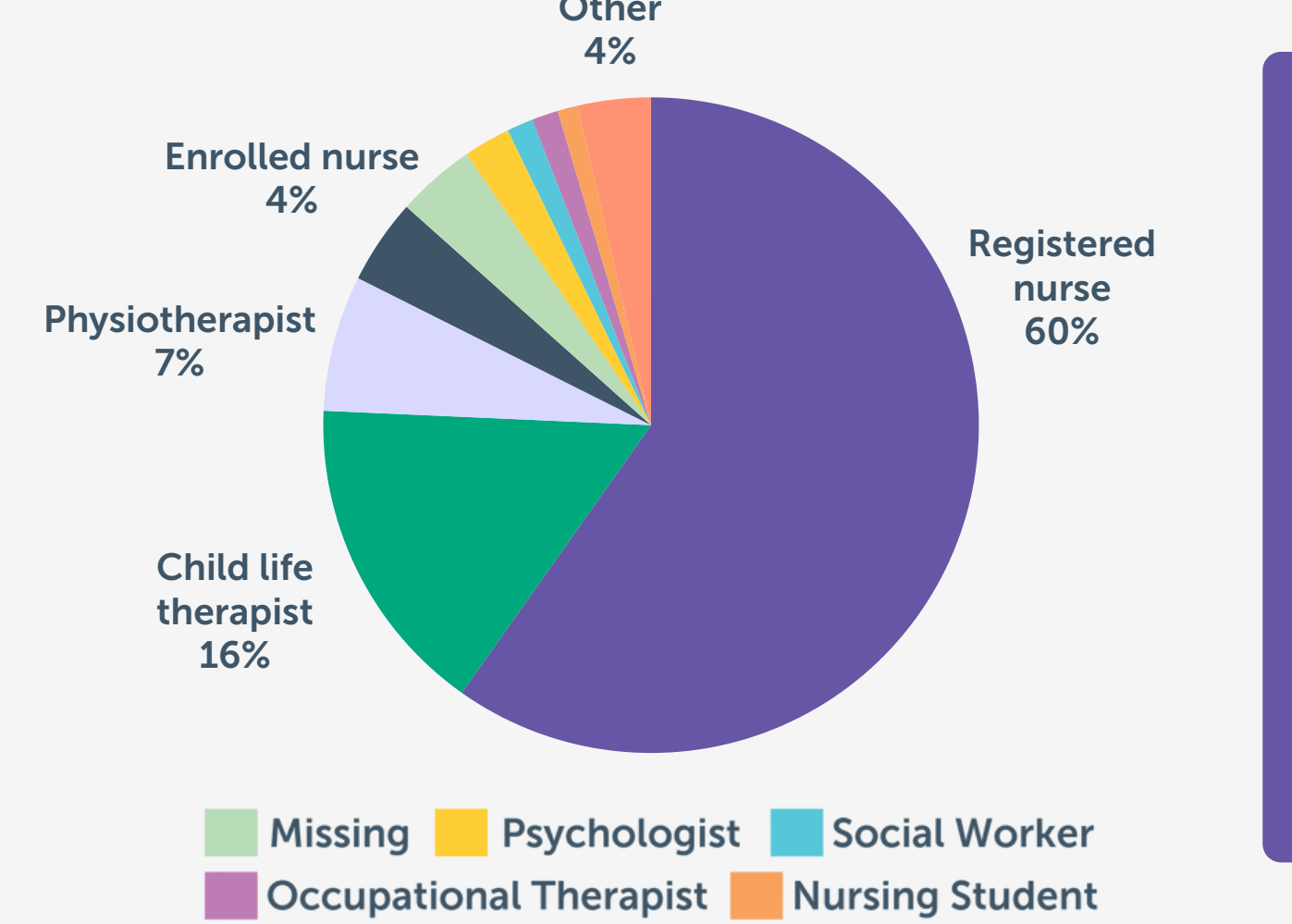
**Figure 2:** Survey staff knowledge of:



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

Staff engagement with the BSP could be strengthened by addressing challenges related to staff knowledge and awareness, ensuring consistent and collaborative use, clarifying role responsibilities, and improving EMR accessibility.

**Figure 2:** BSPs created by role in the EMR



**Barriers to consistent staff use**  
**62%** reported time constraints and unclear role responsibilities

**55%** reported difficulties navigating EMR

### 5 TIPC as an enabler and helps mitigate risk

TIPC aims to reduce harm through a universal preventative approach and supports the application of the BSP in practice. It highlights the need to consider psychosocial needs and preferences in healthcare to mitigate the risk of harm as a result of care, reinforcing the BSP's relevance and benefits for children, young people, parents, carers, and staff.

## Limitations

Low parent/carer engagement (n=3) led to limited generalisability, staff familiarity may have influenced survey responses, and EMR access issues impacted BSP data completeness and utilisation.

## Recommendations

Prioritise foundational TIPC understanding.
Optimise the BSP for improved usability and integration.
Increase staff awareness and training.
Enable children, young people, and parents/carers to access, update, and complete BSPs.
Prioritise a future evaluation with children, young people and parent/carer input.
Expand and validate the BSP for broader application in paediatric healthcare.

## Conclusion

The BSP is a valuable tool that enhances TIPC in paediatric healthcare by helping staff understand and address the psychosocial needs of children and young people. It facilitates tailored, patient-centred care that reduces distress, promotes comfort, and empowers families. Evaluation findings highlight its effectiveness in improving communication, helping staff respond to distress, and fostering collaboration across teams. However, barriers such as inconsistent use and limited staff awareness hinder its full potential. By addressing these challenges, the BSP can be better integrated into clinical workflows, ensuring more effective and consistent TIPC and ultimately improving healthcare outcomes for children and young people with complex needs.

## References

1. Iannuzzi, D., Kopecky, K., Broder-Fingert, S., & Connors, S. L. (2015). Addressing the unique needs of youth with autism spectrum disorder (ASD): The role of integrated care models. *Journal of Developmental and Behavioral Pediatrics*, 36(2), 157-160.

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