

# Foundations of good support

## Observation and Assessment Tool

Aspirations

Support for relationships

Positive approaches to  
behaviour that challenges

Support for engagement

Communication

Structure

The logo for United Response is contained within a white circle. It features a graphic of a series of colored dots (red, orange, yellow, green, blue, purple) arranged in an upward-curving arc above the text. The text "United Response" is in a bold, dark blue font, and the tagline "support that changes with you" is in a smaller, lighter blue font below it.

**United  
Response**  
*support that changes with you*

# Introduction

Support teams make use of a range of complementary approaches, tools and frameworks when describing and delivering good support, such as Person Centred Thinking tools, Active Support, Positive Behaviour Support and Person Centred Planning and Reviews. These approaches are designed to help colleagues provide good support, but they can achieve an importance all of their own and there is a temptation to focus on the details of one perspective, or look for a solution in one particular tool or approach.

Good support is dependent not on approaches or tools, but on their **results**, the observable benefits for the person we support. Experience has shown that when trying to judge how good support is, and what to do to improve it, the best understanding of the effectiveness of support comes from seeing these results across a series of linked levels.

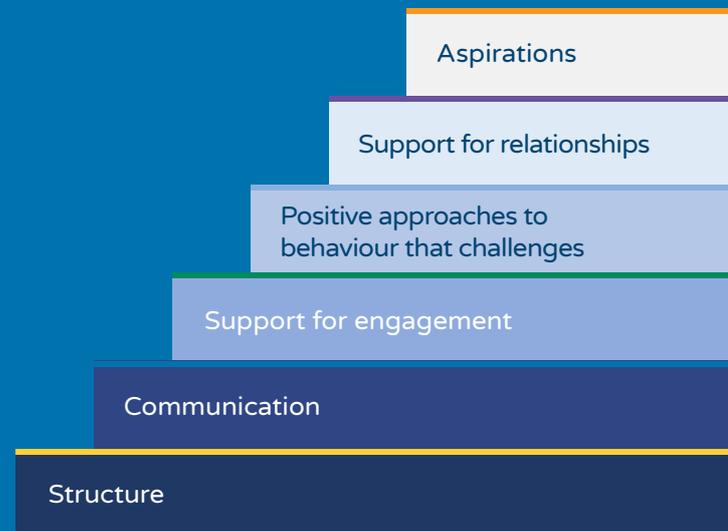
This booklet is part of the  
**'Foundation of Good Support'**  
resource

It should be used in  
conjunction with the  
**'Foundations of Good Support'**  
Guide, which can be found at

[https://www.unitedresponse.org.uk/  
foundations-of-good-support](https://www.unitedresponse.org.uk/foundations-of-good-support)

## Good support provides:

- 1. Structure:**  
creating predictability and consistency
- 2. Communication:**  
understanding and responding to a person's communication skills and needs
- 3. Support for engagement:**  
supporting engagement in meaningful activities, interactions and relationships
- 4. Positive approaches to behaviour that challenges:**  
understanding behaviour that challenges as an expression of legitimate distress to which we must listen and respond
- 5. Support for relationships:**  
improving a person's quality of life through relationships with others
- 6. Aspirations:**  
working together to avoid complacency and contribute towards the person's rich and fulfilling life



Support teams may already be working across all these levels, at least to some extent. However each level acts as the foundation for the next so the extent to which

any level can be established and progressed depends on how securely the preceding levels are in place.

## Observation

**We can only know how good support is by observing it.**

To assess the progress being made and to identify where the focus of your work needs to be, you need to recognise, in what can be seen and heard, the indicators of each foundation being in place and the indicators of each foundation not being in place.

This can only be achieved by taking time to observe practice. Each foundation level should be observed and assessed one at a time starting with STRUCTURE using the sections below. There is little point in trying to assess later stages if your assessment has identified concerns that first need to be addressed in preceding foundations levels.

You'll find more information about observation, along with our top tips in the back cover of this booklet.

## Using the observation and assessment tool

Each section describes what you, as an observer, should see and hear if the relevant foundation level is **in place** or is **not in place**.

When weighing the evidence, indicators of the level **not being in place** weigh more heavily in the balance than indicators of it being **in place**.

All the observed indicators of the level not being in place need to be understood and addressed before you can be satisfied that the level is in place.

### Why is observation important?



<https://youtu.be/fQNay8Nr76Y>

# Structure



## When structure is in place

The support team know and respect the rituals and routines that are important to people and structure their work to provide consistent support, creating reassuring predictability in the lives of people they support.



## When structure is not in place

The support team's practice lacks the consistency and predictability required to support people effectively.

Support is provided in different and unpredictable ways, increasing people's anxiety and making it more difficult for them to take part in activities.

The team are not able to make reliable observations and judgments about people's needs and aspirations because they lack the shared frame of reference that consistent support provides.

 <b>Indicators that provide evidence of structure being IN PLACE</b>	Observations/Comments
A plan of the day, or the shift, is written down.	
Staff describe consistently how they know what to do and when.	
Staff arrive at work already knowing what they are doing, where to be, when and with whom.	
Changes to the plan come from people being supported and are calmly responded to by staff.	
Staff show ownership of plan: Staff discuss with each other how they will schedule their work and respond to each person they support.	
Staff can describe how they honour and incorporate individual routines and rituals.	

People being supported recognise the order of activities and support being presented to them.	
There are some established routines in place at particular times in the day and week.	
There are systems in place for reviewing what works and doesn't and changing the plan.	

 <b>Indicators that provide evidence of structure NOT BEING IN PLACE</b>	Observations/Comments
Staff appear to be making it up as they go along.	
There are high levels of people asking when things will happen and "Who is on duty?" Staff asking "What are we doing today?" .	
Staff are unprepared for what happens and scramble around to keep up.  Changes to structure are for staff benefit and/or on a whim.	
People experience long periods of waiting.  People are being isolated from others in a manner that is unjustified and not consistent with their needs or wishes e.g. "He likes being on his own", "she needs bed rest", "we're going out in a bit".	
Justifications are given for chaos, for example: <ul style="list-style-type: none"> <li>• We are responsive and person centred</li> <li>• Choice</li> <li>• Spontaneity</li> <li>• Avoiding institutionalisation</li> <li>• It's all about relationships</li> </ul>	

<p>People being supported are bewildered by staff activity. Activities are frequently cancelled because of a lack of staff skills or resources at the required time.</p>	
<p>Planning only reflects staff/organisational requirements and institutional routines based on historical shift plans and rotas.</p>	
<p>Written plans are stagnant, filed away and/or inaccessible, out of date, irrelevant to current circumstances.</p>	
<p>People do different things to what it says in the plan.</p>	
<p>People are all doing the same thing at the same time.</p>	
<p>Time is filled with activities that are artificial, tokenistic, limiting or meaningless. e.g. "Watching television", "Sensory session" (but where the person is actually being left disengaged in the sensory room).</p> <p>The shift plan has lots of "relaxing" or activities that don't fill the time allocated to them.</p>	
<p>The plan is made to sound fuller or more significant by describing activities (which may be quite reasonable by themselves) in grand terms, eg "hydrotherapy", when it's just swimming, "rebound therapy" when there's no physiotherapy involved. This may also be to justify an allocation of resources.</p>	

Different team members have their own way of doing things and don't recognise or understand the impact of inconsistency in their own practice. They attribute its consequences to characteristics or personality traits of the people they support and or each other.

**Examples might include:**

- "She plays you up at the beginning of a shift"
- "She resents staff going on holiday, the first shift back is always difficult"
- "On each shift it takes a lot longer the first time you do something with her"
- "She's stubborn"

**Staff complain:**

- "Others don't do it right"

**Staff justify their inconsistency for example:**

- "We each have our own way"
- "You need to find your way of doing things"
- "It's because he's autistic"
- "It's because of her condition/syndrome/learning disability"
- "He's got behaviour that challenges"
- "She sees each member of staff differently so we all have to work differently with her"
- "He likes the variety of doing different things with different people"

**Managers and seniors might say:**

- "It's lone-working and there are a lot of strong minded workers in the team"

**STRUCTURE Conclusions:**

REMEMBER: When weighing the evidence, indicators of STUCTURE **not being in place** weigh more heavily in the balance than indicators of it being **in place**.

If STRUCTURE is not in place focus on how to develop and implement it. If it is move on to assess the next level: COMMUNICATION

# Communication



## When effective communication is in place

The support team have identified the person's communication needs and skills. They use the most effective means of gaining the person's attention and match language, sentence structure and the variety of forms of communication they use to the person's skills, only conveying as many ideas as the person can process.

Effective communication involves a total communication environment which integrates communication for the person into the physical environment as well as during support.



## When effective communication is not in place

Support teams do not recognise the person's communication skills and needs, generally overestimate the person's verbal comprehension and fail to adapt communication to meet their needs.

Support staff use the wrong forms of communication. Communication used by support staff is too complex usually because the words they use are too complex and/or too many words are used at the same time.

Similarly support staff talk about things in the past or future which are not physically in the present, use complicated sentence structure and convey more concepts than the person can process in the time given.



### Indicators that provide evidence of effective communication being **IN PLACE**

Observations/Comments

Staff notice people trying to communicate and respond.

People are communicating with a range of methods.

Staff match their communication to people's needs.

Staff gain attention to communicate a direct message and reduce distraction.

Staff use the best method of inviting participation.

Staff respond to behaviour that challenges as communication.	
Profiles that describe how staff and people they support communicate match the communication you see and hear. <ul style="list-style-type: none"><li>• Communication profiles</li><li>• How I Like and Need My Support</li><li>• Support plans</li></ul>	
Staff explain how people need them to communicate. Staff explain how people they support communicate with others.	
Communication aids and tools are used regularly and show visible wear and tear through use.	
Staff explain how people make choices.	
Staff know there is a risk of overestimating people's verbal communication skills. <ul style="list-style-type: none"><li>• A visual representation of what's happening (at least now and next)</li><li>• Staff use non-verbal communication</li><li>• Staff use key words and short sentences</li></ul>	



**Indicators that provide evidence of effective communication NOT BEING IN PLACE**

Observations/Comments

Staff are over reliant on verbal communication.

People's reactions or responses indicate that the level and complexity of verbal communication and absence of visual or other sensory aids to communication is unhelpful.

Staff don't notice or respond to people's communication (especially non-verbal communication).

There are high levels of refusal of opportunities.

There are high levels of people misunderstanding what's happening or expected.

Staff interpret a lack of response or reluctance as absolute refusal.

Staff repeat unsuccessful communication.

There is a blanket use of one specific approach to communication which is not matched to the skills of individuals.

Staff routinely overestimate people's comprehension.

Examples of staff comments might include:

- "He understands everything you say"
- "He enjoys watching ..." a specific TV show that requires considerable skill to understand.

<p>Communication aids “in place” aren’t used, e.g. PECS Picture boards, visual timetables.</p>	
<p>A description of communication used doesn’t include a description of gesture and body language. Even when it is used staff don’t notice.</p>	
<p>Communication information is standard, vague, and out of date or not translated or matched to individual’s needs and preferences.</p>	
<p>There are high levels of noise or conversation. Staff talking over TVs and or music playing.</p>	

**COMMUNICATION Conclusions:**

REMEMBER: When weighing the evidence, indicators of good support for COMMUNICATION **not being in place** weigh more heavily in the balance than indicators of it being **in place**.

If good support for COMMUNICATION is not in place focus on how to develop and implement it. If it is move on to assess the next level: SUPPORT FOR ENGAGEMENT.

# Support for engagement



## When support for engagement is in place

People being supported are taking part in a wide range of activities and interactions. They are familiar with what's happening, what's expected of them and can be seen to anticipate what's coming next.

Support team members create the space and time to engage the person in the activities and tasks that are taking place.

Support staff can be seen to change their support between people and over time as activity unfolds.



## When support for engagement is not in place

People being supported are passive bystanders with no meaningful role in the activities or communication going on around them. They spend long periods of time not doing anything.

Staff offer support that is unfamiliar and communicate expectations that are confusing to the individual.

Staff may provide a commentary to their own activity but don't create or communicate an opportunity for the person to participate.



### **Indicators that provide evidence of support for engagement being IN PLACE**

Observations/Comments

Staff find ways for people to be involved as much as they can be.

Staff expect people can and will be involved if supported well.

People are successfully involved in a range of activities contributing at least to some extent.

Staff explain how they break things down into small chunks.

Support looks different for different people.

Support is individually tailored and responsive to changing circumstances i.e. Graded assistance.

Graded assistance is delivered consistently by all team members to each person.

<p>Staff explain why engagement is important.</p>	
<p>Staff support opportunities for interaction with other people we support and members of the community.</p> <p>People are successfully involved in relationships with others.</p> <p>Other people, such as neighbours, experience successful interactions and encounters with the person being supported.</p>	
<p>Staff can describe how people experience successful interactions and encounters with others in a range of activities in community settings.</p>	
<p>Information about how to support people is detailed in a support profile (How I Like And Need My Support) and specific support plans.</p>	
<p>The support being provided looks well practiced by the support worker and is evidently familiar to the person being supported.</p>	
<p>People are being supported to do familiar and unfamiliar activities frequently throughout the day.</p>	
<p>Things take longer to get done because people are involved in them.</p>	
<p>Staff give people choice of activities with more options available.</p> <p>Staff respect people's choices.</p>	
<p>Staff give people control of how activities unfold: the location, pace and order of activities.</p>	



**Indicators that provide evidence of support for engagement NOT BEING IN PLACE**

Observations/Comments

People spend long periods of time waiting for special activities or to go out.

People we support are disengaged for long periods of time while staff are busy doing everything and complaining about how busy they are.

Staff complain they don't see the point of participation if it doesn't lead to independence or if it takes more time.

Different staff members have their own way of doing things.

Staff describe the work they do solely in terms of the relationship they have with the person and not in terms of the skills needed to support the person effectively.

Staff repeat failed assistance. People experience repeated failure.

Staff work "their way" using their own preferred style with everyone e.g. Hand over hand for everyone or the same verbal prompts for everyone.

There are high levels of verbal prompts being used (probably unsuccessfully) – few other approaches are being used.

<p>Individual staff have their own way of doing each activity so that people are being supported to, for example, iron a shirt or make tea in many different ways.</p>	
<p>Staff see activities as a single or whole event and not as a series of opportunities for small amounts of engagement.</p>	
<p>Staff give a running commentary on what they are doing “let’s tidy up now”, “we need to set the table” while the person they’re “supporting” is completely disengaged.</p>	

**Support for engagement Conclusions:**

REMEMBER: When weighing the evidence, indicators of SUPPORT FOR ENGAGEMENT not being in place weigh more heavily in the balance than indicators of it being in place.

If SUPPORT FOR ENGAGEMENT is not in place focus on how to develop and implement it. If it is in place move on to assess the next level: POSITIVE APPROACHES TO BEHAVIOUR THAT CHALLENGES.

# Positive approaches to behaviour that challenges



## When positive approaches to behaviour that challenges are in place

People are supported (despite the presence of behaviour that challenges) in a way that, promotes engagement, conveys respect and maintains opportunities.

The support team measures progress in terms of the person's quality of life not just a reduction of behaviour that challenges.



## When positive approaches to behaviour that challenges are not in place

The support team see the person or some characteristic they have as the cause of behaviour that challenges. The person is seen as needing to be controlled, even punished and their behaviour stopped.

Opportunities for effective communication and support for engagement are reduced or withdrawn. The person's quality of life deteriorates, day to day experience may become damaging and there is an increased risk of them being seen as less than human and subject to restrictive practices.



### Indicators that provide evidence of positive approaches to behaviour that challenges being IN PLACE

Observations/Comments

Staff describe behaviour that challenges objectively in the context of antecedents and consequences.

The physical environment and routines are adapted to reduce the likelihood of behaviour that challenges, without a reduction in the quality of life.

Staff are vigilant, watching people's reactions, paying attention to their non-verbal communication, quickly identifying if someone is becoming over-aroused, upset or frustrated and then acting to diffuse the situation or distract the person.

Staff recognise and try to adapt the effect their own behaviour has on behaviour that challenges.

Staff use strategies to help people cope with difficult environments.

Staff use de-escalation techniques and a range of ethical reactive strategies.	
Reactive strategies focus on a rapid return to calm and keeping people safe.	
Staff record information objectively according to agreed procedures e.g. ABCs describing Setting Conditions, Triggers, Behaviour and Consequences.	
PBS plans and other relevant documentation are based on a thorough objective assessment.	
Support strategies are easy to access, understand and implement (eg. pass the "unfamiliar worker test" – could a good support worker who is unfamiliar with this situation effectively support the person by following the plan?).	



**Indicators that provide evidence of positive approaches to behaviour that challenges NOT BEING IN PLACE**

Observations/Comments

Behaviour that challenges is not noticed or recognised as behaviour that challenges.

Staff are de-sensitised to behaviour that challenges.

- "There's no behaviour that challenges here"
- "That's not behaviour that challenges...she's always done that"
- "It's just the way he is"

Staff describe behaviour that challenges as intrinsic to the individual's personality, character or syndrome. For example:

- "It's part of his disability"
- "He's manipulative"
- "She's stubborn"
- "He's lazy"
- "They (people who have a specific condition) all do that".

Punishment (including sanctions, reprimand and natural consequences) is used as an acceptable response to behaviour that challenges.

Staff descriptions of relationships are characterised by conflict and confrontation, for example:

- "He needs to learn"
- "He's cleverer than you think"
- "She always plays you up at the beginning of a shift"
- "It's deliberate: he tries it on".

People are excluded from opportunities, interactions and activities on a regular basis.

Staff responses to behaviour that challenges are individual and vary depending on their beliefs about the person and their behaviour.

Staff take behaviour that challenges personally.  
"She does it to get back at me".

Staff don't recognise people's sensory difficulties.	
There is a culture of blaming or indulging people.	
Only reactive strategies are in place.	
There is a failure to recognise setting conditions and triggers: behaviour is seen as happening "out of the blue" or "for no reason".	

**POSITIVE APPROACHES TO BEHAVIOUR THAT CHALLENGES Conclusions:**

REMEMBER: When weighing the evidence, indicators POSITIVE APPROACHES TO BEHAVIOUR THAT CHALLENGES **not being in place** weigh more heavily in the balance than indicators of it being **in place**.

If POSITIVE APPROACHES TO BEHAVIOUR THAT CHALLENGES are not in place focus on how to develop and implement it. If they are move on to assess the next level: SUPPORT FOR RELATIONSHIPS.

# Support for relationships



## When support for relationships is in place

The person being supported is generally happier, healthier and safer. They benefit from a shared sense of belonging, with others in their life not paid to be there. They are recognised and respected for the roles they play in others' lives and have more opportunities to take part in new things. Team members have more to enjoy in their work.



## When support for relationships is not in place

Support teams don't recognise opportunities to develop relationships, obstruct the place in people's lives where relationships might flourish and displace others from people's lives who might have unpaid relationships with them.

Support teams focus on activities, staffing levels and their own skills, to the exclusion of the person's relationships with others. Without a place in the lives of others, the person becomes lonely, isolated and more vulnerable. Team members experience greater dissatisfaction with their work.



### Indicators that provide evidence of support for relationships is *IN PLACE*

Observations/Comments

People have relationships with people not paid to support them.

Staff involve others in how to communicate with a person.

Staff share how to support the person successfully with others in routine social settings.

Neighbours and others involved in community groups know people's names and staff and people we support know their names.

Staff manage risk in a way that will increase opportunities for social interaction.

Staff recognise and encourage opportunities for activities and social interaction with people outside of the support team, from other organisations and community groups.

<p>Staff recognise and use opportunities for people they support to gain work.</p>	
<p>The team know about and take an active interest in local people and community groups. They know who runs them, what they are interested in and what matters to them.</p>	
<p>Routines and communication skills will have been developed with family and friends.</p>	
<p>Teams have a range of ways of sharing what they know and are learning about people in the community as well as what they learn about the person's friends and family.</p>	
<p>Staff initiate community activities.</p>	
<p>People have positive roles not defined by their disability. For example people have jobs and friends from work, faith groups and other social groups or community groups.</p>	
<p>Staff can describe how they support interaction with others successfully.</p>	
<p>Staff can describe how they change plans to accommodate people's relationships, associations, memberships and work.</p>	
<p>Staff see their role as social enablers (activities and tasks in the community are a means of creating encounters and developing relationships not only an end in themselves).</p>	
<p>Staff can describe how they assist with opportunities and plans that have emerged from new relationships and community groups.</p>	

 <b>Indicators that provide evidence of support for relationships is NOT IN PLACE</b>	Observations/Comments
Staff are occupied solely in the service.	
Staff say the people they support can't have friends or relationships with other people.	
The focus of activities in the community is limited to tasks and activities, rather than relationships with people or employment.	
Staff offer "elaborate justifications" why work or relationships with others isn't an option for people they support.	
Nothing in a person's routines or activities involves people outside of paid services.	
Opportunities for social interaction are limited to other groups of disabled people.	
Staff describe the people they support as having nothing to contribute and other people as not being interested in them.	
Staff act as if they have ownership of people's lives, arbitrarily terminating their contact with others or disrupting their associations, memberships of groups or work.	

<p>Staff justify disruption of people's relationships solely in service centred terms, e.g.          "We haven't got someone to take him to church"          "She can't come today she's got an eye test booked"          Staff describe people in terms that suggest they own them, e.g.          "Our guys", "We've got one who..."</p>	
<p>There's a focus on one-off community events but when everyone goes home there's no follow up in day to day life.</p>	
<p>There's been no work done to acknowledge and overcome personal prejudices about the local neighbourhood and the communities who live there.</p>	
<p>Staff say there are no opportunities to support people to develop relationships because of the lack of time, dangers, or isolated location etc.</p>	
<p>Staff describe the resources available to them solely in terms of the budget.</p>	

**SUPPORT FOR RELATIONSHIPS Conclusions:**

REMEMBER: When weighing the evidence, indicators of SUPPORT FOR RELATIONSHIPS **not being in place** weigh more heavily in the balance than indicators of it being **in place**.

If SUPPORT FOR RELATIONSHIPS is not in place focus on how to develop and implement it. If it is move on to assess the next level: ASPIRATIONS.

# Aspirations



## When aspirations are in place

People being supported have a good quality and range of “here and now” goals and “hopes dreams and wishes” goals.

Team members can describe their aspirations for those aspects of their work and people’s lives which make the biggest difference and contribute towards rich and fulfilling lives of people they support i.e. Family, Communication, Engagement, Relationships, Community and Employment.



## When aspirations are not in place

Team members believe that people’s lives will never be substantially different and continue to do only what they have always done.



### *Indicators that provide evidence of aspirations being IN PLACE*

Observations/Comments

Staff continue to look for new opportunities and support people to try new things.

Support staff can describe what they enjoy and want to achieve in their work as well as the difference they want to make for people they support.

The support team take an interest in new ideas.

Team members can describe their aspirations for those aspects of their work and people’s lives which make the biggest difference and contribute towards rich and fulfilling lives of people they support i.e. Family, Communication, Engagement, Relationships, Community and Employment.

The team reviews and continues to develop their understanding of the needs and aspirations of people they support.

The team’s plans and support plans identify actions linked to increasing others’ involvement.

Support staff can describe the progress they are making and aspire to, not just the activity that keeps them busy.

<p>Team members actively progress their work with people outside the team and in the community and involve others in the lives of people they support. For example sharing communication skills, encouraging new relationships and employment.</p>	
<p>Team members can describe: who they want to involve, who they can learn from, who they share what they learn with.</p>	
<p>There is a working knowledge among team members of all the resources available to them, including the immediate environment, others' experience and expertise and in the community.</p>	
<p>Team members recognise and value a variety of experiences, backgrounds, skills and enthusiasms among the team.</p>	
<p>The team is prepared to revisit and evaluate their assumptions based on new experiences and others' perspectives e.g. new staff, family members and what the person they support is telling them.</p>	
<p>Team members make use of "best guess" when developing short term "here and now" goals and long term "hopes, dreams and wishes" goals with people.</p>	



**Indicators that provide evidence of aspirations  
NOT BEING IN PLACE**

Observations/Comments

The support team is only doing what it already knows how to do and people continue with the same activities and "opportunities" they've experienced before.

Staff practices continue unchanged despite the people's lives being "stuck" with nothing new happening and no opportunities for new relationships.

Staff say: "we've always worked this way" and "we know what people want because we've known people a long time".

The team displays inward looking attitudes and practice, only doing things in isolation from other influences.

Team members describe past progress and success but only as a rationale for accepting the status quo.

Team members describe their aspirations but for limited aspects of their work and people's lives. For example engagement in activities or team members' communication with the person but not sharing communication skills with people in the community, aspiring to employment or developing new relationships.

Team members are resistant to input from others.

Team members' descriptions of relationships with others are characterised by conflict and confrontation, eg. "The family are difficult" or "the neighbours don't like us".

<p>People assume that all members of the team should have the same skill set and or need the same level of knowledge &amp; experience.</p>	
<p>There is a reliance on training as the only solution.</p>	
<p>“Training needs” are used as part of elaborate justifications for avoiding change, eg. “We need training before we can do that”.</p>	
<p>People’s plans only involve a few short term goals (e.g. to go on holiday), there are no longer term goals, and goals often involve the expression “...to continue...”.</p>	
<p>Team members believe people won’t or can’t change “What’s the point? she’ll never be able to...”.</p>	

**Aspirations Conclusions:**

REMEMBER: When weighing the evidence, indicators of the ASPIRATIONS level **not being in place** weigh more heavily in the balance than indicators of it being **in place**.

# How to observe

During the observation, you should attempt to capture a picture for as many people who are supported by the team as possible. The best strategy is generally to rotate around those in the environment focusing on each individual for a set amount of time (e.g. 5-10 minutes). Sometimes this may not be possible given the particular circumstances of the environment and the individual. The key thing is to try to get a sense of what is happening for, to and around as many individuals as possible during the course of your observation.

Be careful to focus on the people being supported – particularly how they react and respond to what support workers do and to their methods of communication. You will find it useful to make some notes as you go – write down particular examples of what you hear staff say and how they communicate with the people they support. Note whether staff are interacting with the individual or doing other things. The descriptions of indicators in the observation and assessment tool provide examples to help you recognise the effectiveness of the support actually in place.

In addition to the formal observation, you will also be able to draw on your informal observations, your conversations with staff and with the people being supported and also on your perusal of plans and records. Ideally you would complete as much as you can of the observation and assessment tool after a formal observation period but then would firm up your understanding at the end of the day, having talked to people and consulted plans and records.

It is really important that your assessment is based on what you actually see and hear, without making adjustments for the perceived level of ability, or the perceived level of any behaviours that challenge, or difficulties faced by staff.

It is important to record reality so that you can get a true picture of what is happening to help team members improve the outcomes experienced by the people they support.

## Top tips for observing:

Ensure staff and the people being supported (as much as possible) know who you are and why you are there.

Walk into the room to a position from where you can observe the person being supported, avoid eye contact with anyone and stand as still as possible.

Wear plain clothing that isn't visually distracting.

Wear flat, soft-soled shoes that will not make a loud sound on stairs or hard floors. Close doors carefully. Do not handle materials, move objects or otherwise intervene in the environment unless someone's safety is directly threatened.

Do not go into rooms where a person might be reasonably expected to be asleep in bed, undressed, or working with a member of staff on an activity which might be disrupted by another person coming in.

Once you have finished observing, put away your checklist (and/or notepad) and tell everyone that the observation has finished. Spend some time talking about what you have seen during the observation and/or giving people an opportunity to check out some of the things they may have wanted to discuss/explain during the observation.