APPENDIX A – 1:1 Support Checklist

The One-to-One Support Checklist (see ***Appendix A***) must be completed and agreed upon before any one-to-one support is commissioned.

This Checklist should be supported by appropriate evidence and carried out collaboratively by health and social care practitioners and care providers, with meaningful involvement from the individual, their family, carers, and advocates wherever possible.

a) Rationale

[ ] Have all less restrictive options been considered and documented why they aren't suitable? **(Yes/No)**

[ ] Have staff training skills been maximised or have increased training needs been considered? **(Yes/No)**

[ ] What specific risks are being mitigated? Detail below:

[ ] Who is responsible for these risks?

[ ] Is there a clear rationale for deploying additional support in the form of one-to-one? **(Yes/No)**

[ ] Is it safe, proportionate, and defensible? **(Yes/No)**

[ ] Have all the right professionals and services been made aware and engaged? (e.g., GP, Community Mental Health Teams, Learning Disability Teams, OT, Physio) **(Yes/No)**

[ ] Has assistive technology been considered and documented why if not suitable? **(Yes/No)**

b) Objective

[ ] Are you clear what you expect the additional support to achieve? **(Yes/No)**

[ ] Are clear goals identified, including having a clear expectation from the commissioner of the service? (e.g., health or social care) **(Yes/No)**

[ ] What strengths are present, what is working well, how could the presence of additional support promote positive change?

[ ] What precise support are you offering the person through the one-to-one? (e.g., engage in meaningful activity or just observing – if the latter, from what distance/frequency?)

[ ] Is there an end or review date with a management plan? **(Yes/No)**

c) Risk

[ ] Is harm more likely, distressing the person rather than calming them, or because staff will need to physically intervene? **(Yes/No)**

[ ] Is there any increased risk to staff if they are having to physically intervene more frequently? **(Yes/No)**

[ ] Are you, and the staff who will be providing the care, clear about how they will intervene if required? **(Yes/No)**

[ ] Have the staff received additional training in terms of physical restraint? **(Yes/No)**

[ ] Are the staff clear where and when it may or may not be used? **(Yes/No)**

d) Communication

[ ] Have you communicated the rationale, objective, and risk clearly to the provider/support giver? **(Yes/No)**

e) Delivery of Care

[ ] Is the staff member fully aware of the reason they are providing the support, i.e., the risks they are mitigating? **(Yes/No)**

[ ] Is the engagement purposeful/meaningful for both the individual as well as the support staff? **(Yes/No)**

[ ] Is the engagement is personalized to the individual's preferences **(Yes/No)**

[ ] Are there a range of identified activities so care staff can quickly adapt according to the situation? (e.g., the person may like to listen to a podcast, watch a television program, walk in the garden) **(Yes/No)**

[ ] How can the delivery of one-to-one support positively enhance the person's life?

[ ] Accountability – documentation reflects the support offered and accepted, inclusive of any incidents such as ABC or similar. **(Yes/No)**

[ ] Opportunities for reflection and support for staff to adapt the interventions where required/as things change. **(Yes/No)**

[ ] This should be undertaken jointly between care providers and health and social care practitioners wherever possible. **(Yes/No)**

[ ] Changeover and staff breaks are included in the scheduling of staff, to avoid gaps in delivery and mitigate any potential risk during periods of transition and handover. **(Yes/No)**

[ ] Risk and escalation plans need to be developed and in place to provide staff with a process of seeking support and advice when presented with situations which put their and others' safety at risk. **(Yes/No)**