The Spectrum of Participation



## A guide for practitioners when helping participants decide how involved they want to be in their behaviour support planning

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## Getting it right: Working with participants to establish levels of participation behaviour support planning

When a behaviour support plan is being developed, there are many people involved, such as the person with disability, their family, support workers and other professionals (e.g., health professionals).

It’s the responsibility of the behaviour support practitioner developing the plan to include the people who are important to the behaviour support planning process.

**It is essential that the person with disability is included.**

Meaningful participation in behaviour support planning for people with disabilities and their support networks can occur at varying levels. People with disabilities may not take part in these activities at all, whether through choice or ability, to not being directly involved, through to being very involved.

It is recognised that it is appropriate to have varying levels of participation available to the person with disability across the different stages of the behaviour support plan. The level of participation will depend on the wants and needs of the participant, their individual context and their support network. The Spectrum of Participation is shown in a table later in this document and provides guidance, illustrating and describing these varied levels of participation.

Understanding the Spectrum of Participation is useful in determining how a practitioner will support the person with disability to participate at their chosen level of involvement in the planning process.

The idea is that people can take part in behaviour support planning on a continuum of participation, which can range from involvement through decision-making and freedom to act, to choosing only to receive information.

This helps you as a practitioner adapt your approach according to the participant’s needs and wants – from situations where a participant finds it hard to take part in decision-making to situations to where the person is fully engaged and an agent of change in their own behaviour support planning.

As a practitioner, you can use this Spectrum of Participation to reflect on the level of participation you have enabled to engage the person with disability throughout the process.

This Spectrum of Participation can also highlight areas for improving or increasing the person with disability’s involvement in creating their plan, which will help make the plan as personalised and suitable as possible.

Ask yourself:

* Where on the spectrum does the person with disability currently sit in terms of their level of participation in the planning and implementation process?
* How can I support and empower the person I am supporting to successfully and authentically participate in making and using their plan to the best of their ability?
  + - What are the barriers to achieving this?
    - How can I overcome these barriers to enable greater participation?

### The Spectrum of Participation levels

This spectrum has **3 levels**, with a total of **7 stages** across the three levels. The three levels are:

3. Very included (participation),

2. Partly included (consultation), and

1. Not included for now (lower participation).

The table below presents the levels and stages in more detail, with each page showing one of the 7 stages of involvement.

## The Spectrum of Participation in behaviour support planning

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| Participation (Very included) | Stage | Description of the stage | What this stage looks like in practice |
| 7. Co-creation | The person with disability and the practitioner work in equal partnership to develop and implement the plan and/or the practitioner supports the person with disability to make decisions about how the plan is developed and to remain in control of the planning process and content. | **EMPOWER**  The practitioner and person with disability develop and continuously review the plan and strategies together, involving the person’s support network.  **Message to person with disability**  You are in charge. We will support you to decide what happens at all stages of developing and reviewing your plan. |

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| Participation (Very included) | Stage | Description of the stage | What this stage looks like in practice |
| 6. Co-production (with the person with disability) | The practitioner engages the person with disability to actively assist in the planning development and implementation process (e.g., to work collaboratively to develop support strategies), but only at certain stages of the process (i.e., stages chosen and prioritised by the practitioner). The practitioner leads this collaborative process. | **COLLABORATE**  The practitioner develops the plan by talking to the person with disability and their support network.  The practitioner incorporates feedback from the participant and their supporter network into the plan in consultation.  **Message to person with disability**  We will make decisions about your plan together. |

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| Participation (Very included) | Stage | Description of the stage | What this stage looks like in practice |
| 5. Co-production only with the person’s support network (including the person’s family, support staff, other professionals), and not the person with disability. | The practitioner engages the person with disability’s support network to actively assist in the planning, development and implementation process (e.g., to work collaboratively to develop support strategies), but only at certain stages of the process (i.e., stages chosen and prioritised by the behaviour support practitioner). The practitioner leads this collaborative process. The practitioner may involve the person with disability also. | **INVOLVE**  The practitioner develops the plan mainly by talking to the person’s support network and may also choose to involve the person with disability.  The practitioner incorporates feedback from the person’s support network (and the person with disability) into the plan in consultation.  **Message to person with disability**  We will talk to your support network about how to best help you. We may involve you by checking in before we make decisions, if you wish. |

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| Consultation (Partly included) | Stage | Description of the stage | What this stage looks like in practice |
| 4. Consultation with the person with disability (in addition to any consultation with their support network, including the person’s family, support staff, other professionals) | The practitioner consults with the person with disability to gather information to inform the development and implementation of the plan.  This might include information about the nature and context of the person’s behaviours of concern, which will inform the functional behavioural assessment.  They may also gain feedback on the clinical formulation and the strategies developed for the plan. | **CONSULT**  The practitioner develops the plan by talking to the person with disability and their support network. The practitioner tells the person and their support network what is in the plan.  **Message to person with disability**  We will talk to you and your support network about how to best help you. We will let you know the decisions and what is in the plan. |

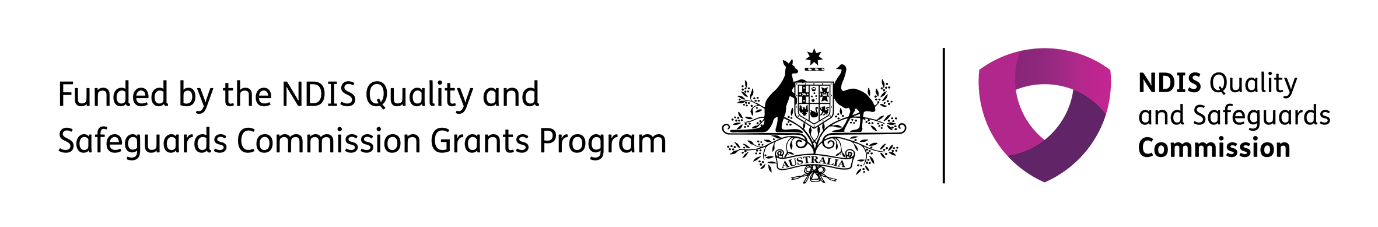
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| Consultation (Partly included) | Stage | Description of the stage | What this stage looks like in practice |
| 3. Consultation only with the person’s support network (including the person’s family, support staff, other professionals), and not the person with disability. | The practitioner consults only with the person with disability’s support network to gather information to inform the development and implementation of the PBSP, e.g., information about the topography and context of the person’s behaviours of concern to inform the functional behavioural assessment, to gain feedback on the clinical formulation and the strategies developed for inclusion in the behaviour support plan. | **CONSULT**  The practitioner develops the plan by talking to the person’s support network.  The practitioner doesn’t talk to the participant while developing the plan. The practitioner tells the person and/or their support network what is in the plan.  **Message to person with disability**  We will talk to your support network about how to best help you. We will let you know the decisions and what is in the plan. |

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| Lower participation (Not included for now) | Stage | Description of the stage | What this stage looks like in practice |
| 2. Informing | The practitioner mostly engages in one-way communication informing the person with disability and their support network (including the person’s family, support staff, other professionals) about the plan development and implementation process and the content of the developed plan. | **INFORM**  The plan is developed without talking to the person with disability.  The practitioner tells the person and/or their support network what is in the plan.  **Message to person with disability**  We will let you know the decisions and what is in the plan. |

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| Lower participation (Not included for now) | Stage | Description of the stage | What this stage looks like in practice |
| 1. Not participating for now | The practitioner develops and implements the plan based on reviewing reports and other documents. This does not involve active engagement with the person with disability.  The practitioner may have directly observed the person at an appropriate place/time (e.g. at home, at work). They will also consult with people in the person’s support network to build an appropriate plan. | **OVERSEE**  The plan is developed without talking to the person with disability.  Instead, the practitioner might observe the person, read reports about them and talk to their support network. The plan isn’t explained to the person or their support network unless they ask for it to be.  **Message to person with disability**  Decisions will be made without you knowing what they are. You can ask to have this information or be more involved at any time. |

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Published in 2025