

UNDERSTANDING BEHAVIOUR SUPPORT PRACTICE GUIDE

Young children (0-8 years) with
developmental delay and disability

Acknowledgements

We extend thanks to the NSW behaviour support practitioners who participated in interviews and focus groups and to the project Reference Group members who provided input, advice and direction throughout the project.

Reference Group members included: Angela Koelink, Ageing Disability and Home Care, NSW Family and Community Services; Tom Tutton, Aspect; Suzanne Becker, Lifestart; Kathryn McKenzie, Ombudsman; Catalina Voroneanu, Margie O'Tarpey, and Libby Forsyth, Early Childhood Intervention Australia, NSW/ACT.

Three expert practitioners provided feedback on developing drafts of this guide and we thank them for this additional commitment to the project.

Suggested Citation: Dew, A., Jones, A., Horvat, K., Cumming, T., Dillon Savage, I., & Dowse, L. (2017). *Understanding Behaviour Support Practice: Young Children (0-8 years) with Developmental Delay and Disability*. UNSW Sydney.



The development of this resource kit was funded by the NSW Department of Family and Community Services.

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About the Understanding Behaviour Support Practice: Young Children (0–8 years) with Developmental Delay and Disability guide

Purpose statement

The purpose of this guide is to assist in the prevention and reduction of the development of challenging behaviour in young children aged 0–8 years. The development of challenging behaviour can place additional strain on families and support systems and their capacity to provide effective support to the child. It is intended that this material will assist support networks to address early stages of the development of challenging behaviour and to maintain capacity for effective support.

Scope

The material presented in this guide has been developed from the following evidence-base:

- » an extensive review of the international peer-reviewed literature on behaviour support for young children with developmental delay and disability (2007–2017);
- » in-depth interviews with behaviour support practitioners;
- » consultation with expert practitioners, and;
- » advice from a Project Reference Group.

Links with other resources

The *Understanding Behaviour Support Practice: Young Children (0–8 years) with Developmental Delay and Disability guide* links with other best practice guides developed by Early Childhood Intervention Australia (ECIA) on:

- » Promoting best practice in early intervention: A guide to working inclusively
- » Promoting best practice in early intervention: A guide to establishing local community networks
- » Promoting best practice in early intervention: A guide to supported playgroups
- » Promoting best practice in early intervention: A guide to working with families from culturally and linguistically diverse backgrounds
- » Promoting best practice in early intervention: A guide to working with families in rural and remote communities
- » Promoting best practice in early intervention: A guide to evaluation

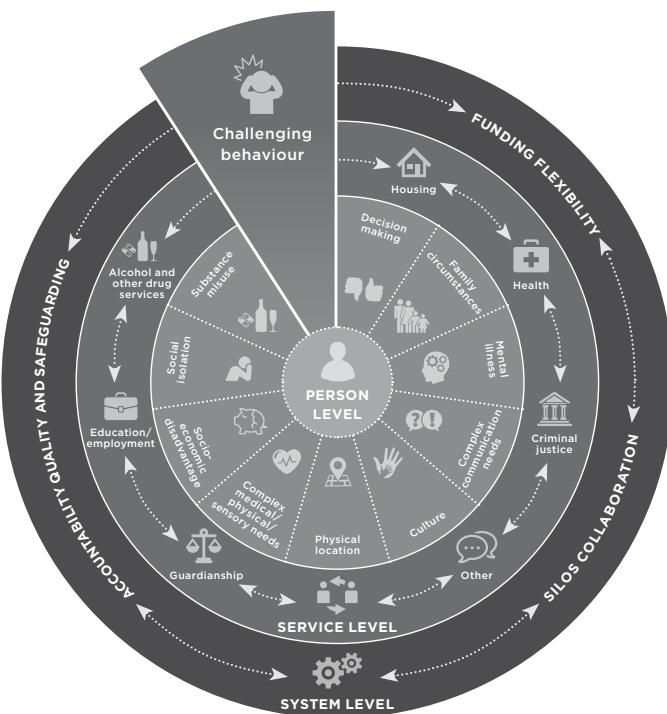
Understanding Behaviour Support Practice: Young Children (0–8 years) with Developmental Delay and Disability also links with *Understanding Behaviour Support Practice: Children and Young People (9–18 years) with Disability* developed by IDBS.

About this guide

The content of this guide is general in nature and it is not designed to be a detailed, technical manual on ‘how to do’ behaviour support. In combining the sources of evidence, the authors have extracted the key points about what currently represents behaviour best practice in supporting a young child with developmental delay or disability, and their family.

This guide may be useful to orientate those unfamiliar with behaviour support with key elements and principles of this form of support.

Figure 1: Complex Support Needs Flag



Context of behaviour support within a Complex Support Needs framework

Many young children who are considered to have challenging behaviour experience complex support needs due to a depth and breadth of need across one or more areas of their life. The Complex Support Needs Flag above¹, captures the complexity of need and multi-level nature of complex support needs. As can be seen, challenging behaviour is just one aspect of complexity at the person level and is the topic for this guide. In providing behaviour support for a young child and their family, practitioners will also take into account other aspects of complexity at person, service and system levels.

Not all the domains highlighted on the Complex Support Needs Flag may be relevant to young children. In addition to demonstrating that challenging behaviour is but one element of complexity, the purpose of including this diagram in this guide is to alert the reader to consider the wider context when working to provide behaviour support to a child and his/her family. As depicted on the Flag, the context includes not just the child and their family but the services and systems that may support them.

Depicted too is the inter-related nature of the domains. Some domains may be relevant for the child's family situation with direct impact on the child. For example, a parent may have an intellectual disability, mental illness, substance addiction or be in contact with the criminal justice system. The child may be living in out-of-home care, in insecure family housing, or may be in contact with juvenile justice. The inter-relationships between these domains are important in understanding the child within his/her environment and the challenging behaviour.

¹ The Complex Support Needs Flag is taken from the Being a Planner with a Person with Disability and Complex Support Needs: Planning Resource Kit available for download from arts.unsw.edu.au/idbs/support-planning

Who will use this guide?

The guide is for practitioners working with young children with developmental delay and disability (typically aged 0–8 years). Practitioners include:

- » **Behaviour support professionals** and clinicians who provide behaviour support to young children with developmental delay and disability.
- » **Other practitioners** working with young children with developmental delay and disability who implement behaviour support practices. These practitioners include early childhood educators, disability support workers, child protection case workers, therapists, learning disability nurses, and others in paid support roles.

While the guide is designed for practitioners, family members and carers may find the information useful.

Contexts for use of this guide

This guide may be useful to orientate those unfamiliar with behaviour support with key elements and principles of this form of support. It is designed to be used in conjunction with, rather than replacing, more detailed behaviour support resources.

Language used in this guide

The language used to define behaviour and behaviour supports varies across Australia and internationally. The term '**challenging behaviour**' remains the predominant term used in peer-reviewed literature related to people with cognitive disability to refer to behaviours that place them and/or others at significant risk of harm. The term '**behaviours of concern**' is also used in the guide.

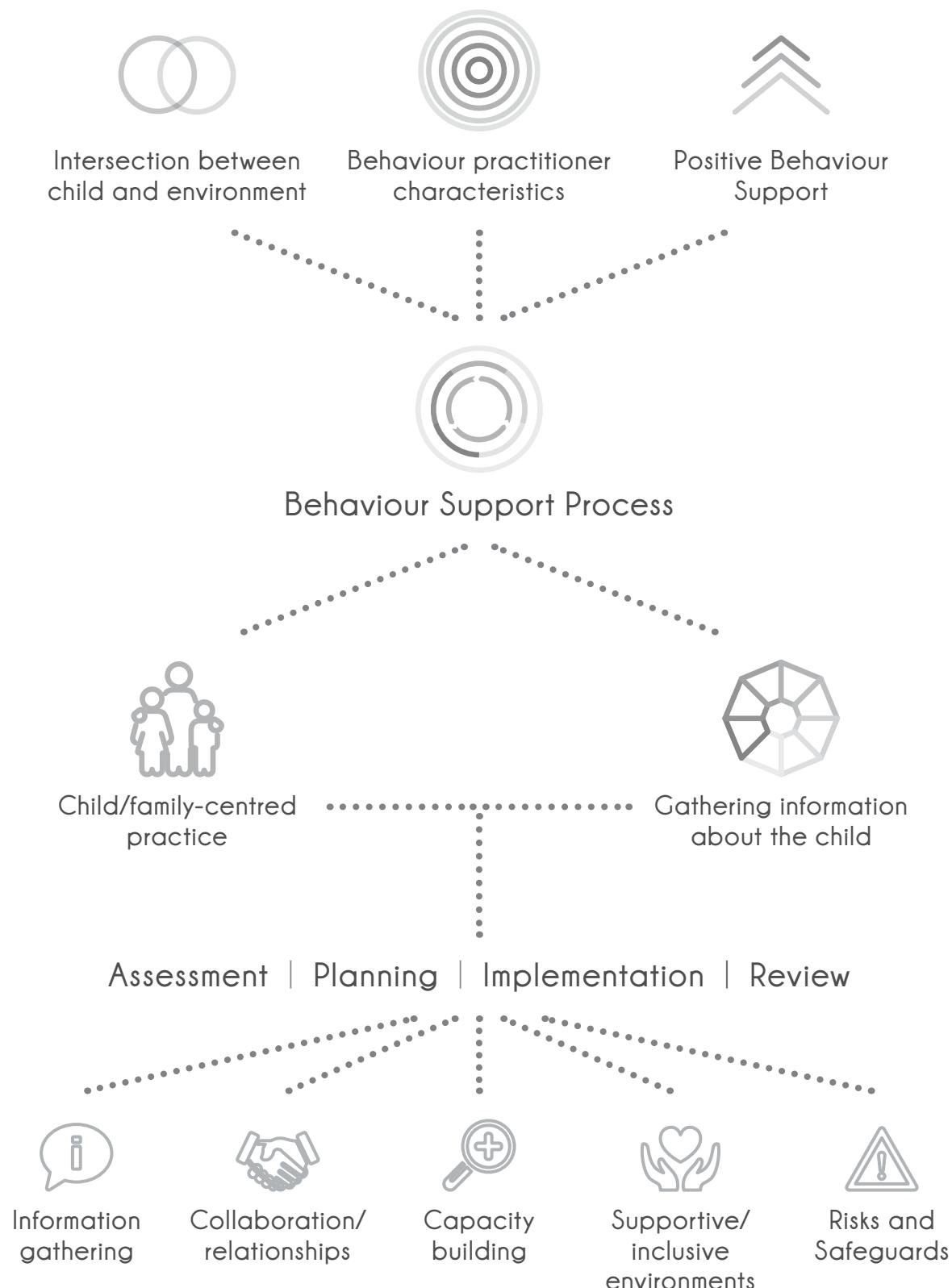
The term '**family**' is used throughout the guide to include biological family members (e.g., parents, siblings, grandparents and other kinship carers) and non-related people providing care to the young child (e.g., foster carers).

The term '**team around the child**' is used to refer to the family, behaviour support practitioner, and other practitioners and support workers who work closely with the child.

All quotes used in this guide come from interviews with behaviour support practitioners working with young children with developmental delay and disability in New South Wales, Australia.

What is in the guide?

This is a visual representation of the content in the guide.



What is challenging behaviour?

All children, regardless of whether they are typically developing or have a developmental delay or disability, develop and grow by interacting with their environment and the people around them. This experience and exposure is especially important when it comes to learning how to interact and behave.

Studies confirm that children with a developmental delay or disability are at a greater risk of developing behaviours that can be deemed challenging.

A behaviour or set of behaviours can be labelled as undesirable or challenging, when they do not fit in with what the environment or society expects. In applying this social construct of the term 'challenging behaviour', the child is not the one with the challenge – it is the environment around that child that deems the behaviour 'inappropriate' or 'challenging'.

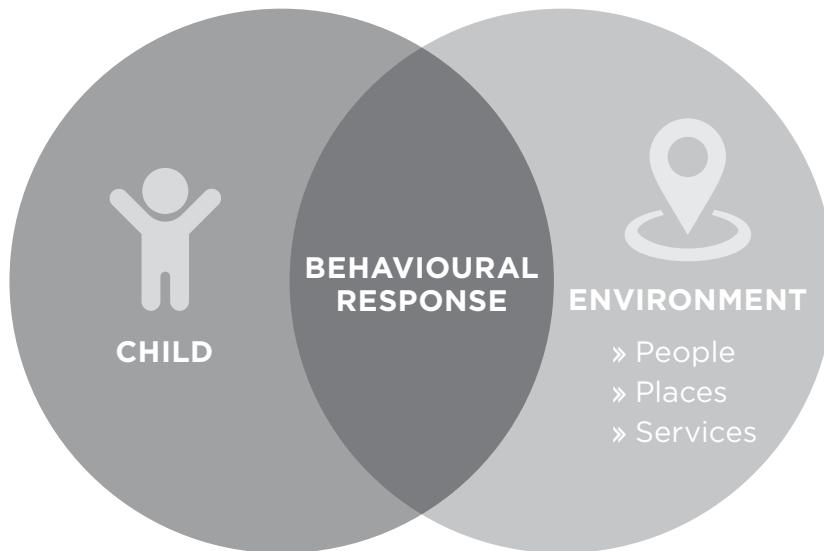
To the child, their behaviour is neither 'negative' or 'positive' or 'challenging', it is just their response to their environment or a specific situation. All too often *the child* is labelled as 'challenging' or 'difficult' when their behaviour is a response to the limitations of *their environment* in providing them with the support they need to communicate.

Positive Behaviour Support

Positive Behaviour Support (PBS) is identified as an effective approach to supporting young children with behaviours that challenge. PBS focuses on understanding the purpose of the behaviour and replacing it through adaptive alternatives by teaching new skills in a positive way. More information about PBS can be found on page 16 of this guide.

Figure 2: Intersection of child and environment

This diagram depicts the interaction between the child and their environment (including interpersonal relationships, physical environment, and services). It highlights that behavioural responses arise as the interaction between the child and the team around them.



For the purpose of this guide, challenging behaviour is understood to be behaviour that is:

- » Persistent (ongoing)
- » Inappropriate to the context in which it occurs
- » A negative influence on the child's quality of life – be that through restricting learning opportunities, limiting access to their communities, or affecting personal relationships.

While a range of specialist and non-specialist professionals work directly with children with challenging behaviour and their families, behaviour support practitioners have recognised expertise in the area.

Behaviour support practice: Who does it?

Currently in Australia, behaviour support practitioners are drawn from a range of professional backgrounds including psychology, speech pathology, occupational therapy, special education, social work, and learning disability nursing. From July 2018, the National Disability Insurance Scheme Quality and Safeguards Commission, Senior Practitioner, will provide information regarding behaviour support practitioners who have been assessed against a Competency Framework.

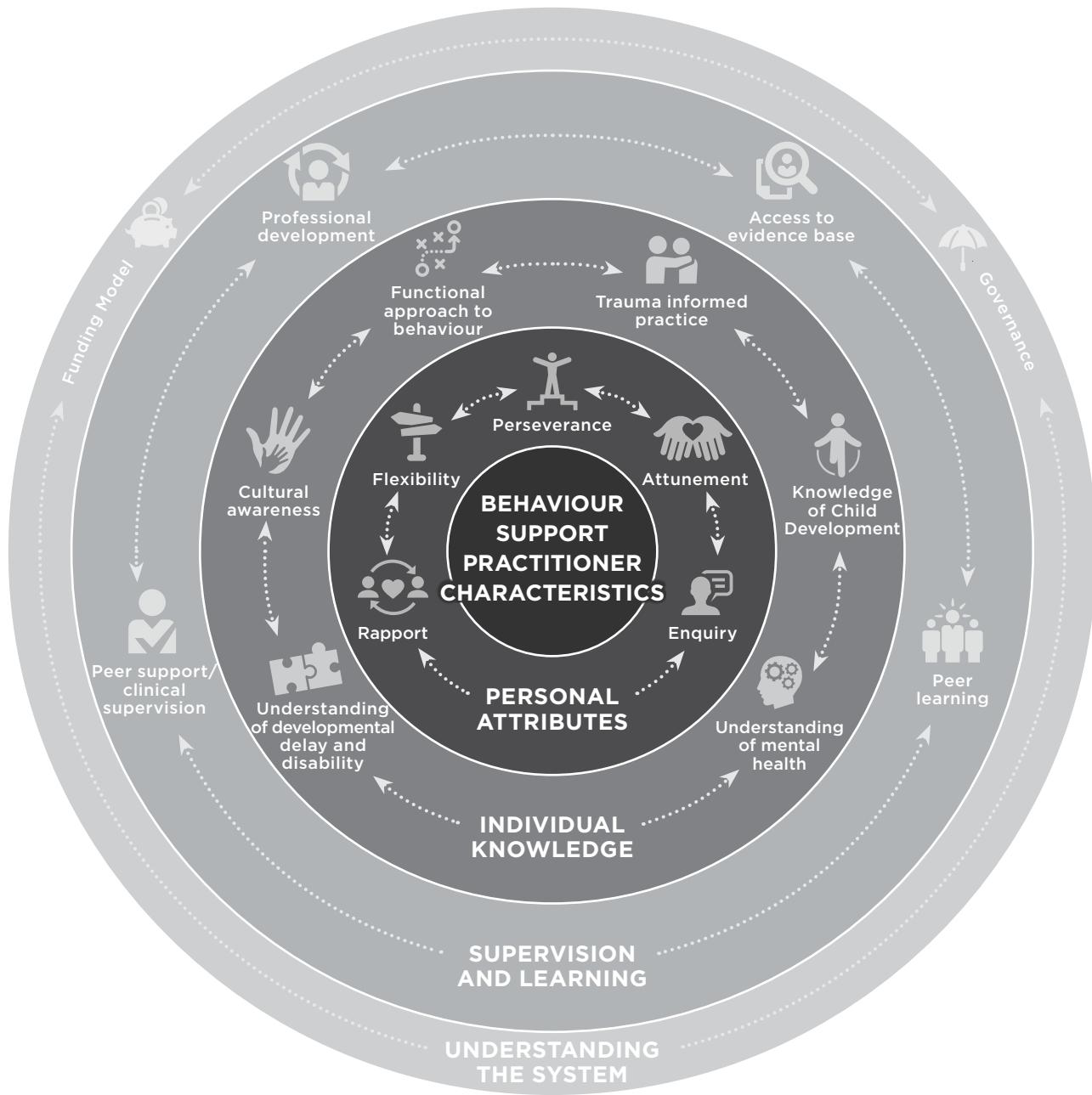
Behaviour support practitioners typically are engaged with a child to conduct functional behavioural assessments, and to write and monitor behaviour Support Plans. They offer specialist input, advice and support to the child, their family, and others in the child's life including other practitioners such as early childhood educators, therapists, and support workers. Together, these people constitute the 'team around the child' to achieve the best outcomes for the child.

Behaviour support practitioners will have a range of characteristics and skills which they bring to the relationship, and identifying strengths and gaps will ensure a 'good fit' between the practitioner, the child, and the team around them. The characteristics and skills highlighted in Figure 3 (described pages 12–15) will help practitioners reflect on their practice both generally and in relation to a specific child/family.

In viewing this material, practitioners may ask themselves:

- » Which characteristics and skills do I currently have?
- » Which do I need to develop and how will I go about this?
- » What support is available to assist me develop these characteristics and skills?

Figure 3: Behaviour support practitioner characteristics



Behaviour support practitioner characteristics diagram

- » **Inner circle:** **Behaviour support practitioner characteristics.**
- » **Second circle:** **Personal attributes** which promote best practice among behaviour support practitioners including flexibility, enquiry, perseverance, rapport, and attunement.
- » **Third circle:** areas of **individual knowledge** to assist behaviour support practitioners to understand the child and the team around them. This includes: understanding of developmental delay and disability, knowledge of child development, trauma informed practice, cultural awareness, a functional approach to behaviour, and an understanding of mental health.
- » **Fourth circle:** need for ongoing **supervision and learning** to ensure behaviour support practitioners are up-to-date with current best practice. This includes: peer support and clinical supervision, peer learning, professional development, and access to evidence base.
- » **Fifth circle:** **Understanding the system** in which behaviour support practitioners are working. This includes: knowledge of funding models and understanding of governance structures.

Characteristics of behaviour support practitioner

Personal attributes



Flexibility involves adapting practice to best meet the needs of the child and his/her family working across their various environments and at their own pace. Best practice is a dynamic process. Behaviour support practitioners use and adapt a range of resources and tools in their work to ensure that they have the right information for each child and their family in planning and implementing interventions.



Enquiry involves keeping an open mind and continually reflecting on practice by actively seeking out information and opportunities to learn. Practitioners using a child/family-centred approach will constantly question whether their practice has improved the quality of life for the child and their surrounding network.



Perseverance involves an understanding that an intervention may not be immediately effective and multiple strategies may be tried to find the most appropriate approach. Best practice recognises the need to invest time in the process of understanding the context. Continuous trial, monitoring and adaptation of approaches over time is needed to achieve the best outcomes for the child and those around them.



Rapport involves the ability to build trusting relationships with a child and his/her support network. Building this relationship is fundamental to an understanding of the child/family's natural environment including their context, daily life, and capacity to implement any intervention strategies.



Attunement involves considering the perspectives and feelings of the child and his/her family and ensuring interventions are responsive to their emotional capacity. Life can be unpredictable and demanding for children and families at different times and for different reasons. Best practice requires behaviour support practitioners to be aware of this changing context for children and families and to be responsive to changing support needs when the child/family may be feeling especially vulnerable.

Characteristics of behaviour support practitioner

Individual knowledge



Understanding of developmental delay and disability involves the practitioner applying their knowledge of developmental delay and disability to the individual context of the child and their family to understand the specific nature and impacts this has on the child's behaviour. Combining this general and specific knowledge enables the development of behaviour support strategies that are the best fit for each child and family.



Knowledge of child development theories are integral to tailoring an intervention within the specific context of the child and his/her family. Insight into how the child's environment impacts his/her neurological, social, and emotional development allows practitioners to tailor interventions to the appropriate level and work with reasonable expectations.



Trauma informed practice best practice requires practitioners to acknowledge that any individual can experience trauma and what is considered traumatic is highly subjective. Children and their families may have been exposed to a range of traumatic experiences over their lives including for example, poor experience with services, crises such as family violence or breakdown, neglect or abuse. Trauma informed practice involves continuous reflection on practice to ensure that interventions do not inflict additional trauma but instead encourage growth and skill development.



Cultural awareness involves an understanding of different cultural beliefs (including about disability) and an ability to reflect on one's own cultural assumptions. Cultural awareness facilitates effective intervention with a child and family from a culturally and linguistically diverse background. This includes ensuring that materials and information are accessible to those from linguistically diverse backgrounds; being cognisant of family structure and roles, perceptions of experts, culturally-specific parenting practices, and communication protocols while avoiding the assumption of cultural homogeneity. As with all families, it is important to confirm that the reasons, expectations and objectives of interventions align with their culturally specific beliefs and practices. Behaviour support practitioners work with families to ensure there is a good fit between their approaches to parenting and any suggested behaviour support strategies.



A functional approach to behaviour involves determining what the child is communicating with their behaviours, and the purpose, or function behind their actions. Challenging behaviours are often the only means available to the child to express his/her needs and change something within their current environment. Understanding this can help identify the supports and replacement behaviours needed.



Understanding of mental health as a state of well-being which enables individuals to cope with life stresses. At the other end of the continuum, mental ill-health may present as symptoms that affect people's thoughts, feelings and behaviours. Even young children can experience symptoms of mental ill-health and some children may need to be referred to a paediatric psychiatrist for assessment.

Characteristics of behaviour support practitioner

Supervision and learning



Peer support and clinical supervision are essential professional supports that assist the practitioner to enhance their knowledge of current best practice and the application of such knowledge into practice. Best practice facilitates both formalised supervision and supportive peer relations to provide a safe environment for clinicians to engage with each other's practice challenges, reflect on *clinical* practice and develop strategies to improve standards of care. This allows practitioners to confidentially share experiences, discuss challenges, and provide different perspectives on supporting the children with whom they are working. This practice enhances practitioners' skills, competence and confidence, and provides a space for mutual support for practitioner well-being.



Peer learning involves opportunities for peers to discuss issues arising in their practice with others who will have experience of similar issues. Interactions may be one-to-one, through interagency meetings, or via face-to-face or online communities of practice.



Professional Development involves opportunities for practitioners to attend conferences and relevant training on best practice approaches to behaviour support as well as formalised ongoing development. Formal training is important, but attending a short course alone is not adequate to equip a new practitioner with the range of skills needed to implement best-practice approaches. Professional development forms one part of a practitioner's knowledge base, but is not the sole source of learning. All behaviour support practitioners can benefit from professional development and opportunities to learn, regardless of their level of experience.



Access to evidence base best practice approaches for practitioners involves accessing relevant journals and resources to remain well-informed of up-to-date developments in the evidence base relevant to their practice.

Characteristics of behaviour support practitioner

Understanding the system



Funding model refers to the systematic conditions that determine the time and resource conditions and constraints that impact upon practitioners' ability to work effectively with a child requiring behaviour support. The research shows that behaviour best practice takes time, is systemic, and requires collaboration between other involved parties. Having sufficient time may present challenges within current individualised and marketised funding models.



Governance frameworks include disability related and child specific international human rights obligations, Commonwealth and State and Territory legislation and policy as well as local organisational policy and procedures. It is important for practitioners to be aware of the different policies and frameworks relevant to their practice to ensure they uphold them in their overall approach and intervention.

The disability landscape in Australia has changed significantly with the introduction of the National Disability Insurance Scheme (NDIS).

The DSS website has the most updated information including fact sheets:
<https://www.dss.gov.au/disability-and-carers/programs-services/for-people-with-disability/ndis-quality-and-safeguards-commission>

'The NDIS Quality & Safeguards Commission' is an independent body responsible for the regulation of the NDIS market and supports the resolution of complaints about the quality and safety of NDIS supports and services. The Commission's responsibilities include:

1. **Registration and regulation** of NDIS providers, through NDIS Practice Standards and the NDIS Code of Conduct
2. **Compliance** monitoring, investigation and enforcement action
3. **Responding** to concerns, complaints and reportable incidents which include abuse and neglect of a person with disability
4. **National oversight** of behaviour support, including monitoring the use of restrictive practices within the NDIS with the aim of reducing and eliminating such practices.

The Commission is responsible for these functions across various locations from the dates below:

- 1 July 2018: New South Wales and South Australia
- 1 July 2019: Australian Capital Territory, Northern Territory, Queensland, Tasmania and Victoria
- 1 July 2020: Western Australia

Professionals engaged in behaviour support may be members of professional associations relevant to their tertiary qualification (e.g., Australian Psychological Society, Occupational Therapy Board of Australia), and must follow the standards, guidelines, and code of ethics associated with their registration.

Additionally all practitioners must ensure they abide by State or Territory child protection legislation.

What is Positive Behaviour Support?

Positive Behaviour Support (PBS)² has emerged in the literature in the last decade as the preferred approach to guide behaviour support practitioners to support children in situations with behaviour that challenges.

The primary aim of PBS is to achieve positive lifestyle experiences that commonly involve shaping and restructuring the environment to improve the child's quality of life, and that of the people who support them, as defined by the child's unique preferences and needs. Areas supporting **quality of life** can include respect and dignity, having control and choice, feeling competent, likeable and purposeful, having genuine friendships, participating in local community, and having good mental and physical health (*Aspect, 2017. A guide for positive behaviour support, page 16*).

PBS involves:

- » Taking a proactive approach;
- » Identifying the child's, (and his/her supporters') strengths and areas for skill development;
- » Identifying changes to the child's everyday natural environments to support positive behaviour

PBS is a holistic approach to supporting children in situations where behaviours are deemed challenging and have a potentially negative impact on their learning, relationships, quality of life, and participation in their communities. PBS focuses on understanding the purpose of the behaviour and increasing positive behaviours rather than punishing negative ones. PBS is underpinned by a number of core, inter-related principles.

'A good behavioural approach focuses on creating a really supportive and safe environment, building strong relationships and teaching good social and emotional skills.'

² PBS evolved from the science of applied behaviour analysis (ABA). ABA involves interventions that are systematically designed, implemented, measured and evaluated.

The core principles of PBS are:

- » **Improving quality of life:** Improved quality of life, for the child, and the team around them, is the primary outcome of PBS. This involves supporting the child to achieve positive lifestyle changes and restructuring the environment to enhance quality of life rather than focusing solely on reducing challenging behaviour.
- » **Taking a lifespan perspective:** No one's life remains constant and meaningful behaviour change takes time. A child will also experience multiple transitions throughout his/her life (such as starting primary school, starting high school, leaving school) each bringing a new set of requirements and challenges. It is likely that ongoing PBS will be necessary as new strategies are introduced or existing strategies modified to meet the child's changing life circumstances.
- » **Collaboration:** PBS recognises that children and the people who support them are experts in their own lives: they understand their own strengths and needs, which strategies are likely to work most effectively and what outcomes will enhance the child's quality of life. Hence PBS seeks to actively engage and collaborate with the child and the team around him/her in the assessment, planning and implementation of any behaviour support program.
- » **Engaging individuals in real life contexts (*ecological validity*):** PBS involves developing the capacity of the people who support the child (e.g. parents, teachers) to provide behaviour intervention in the everyday natural contexts or environments in which the child lives, learns and participates (e.g. home, school, playground).
- » **Meaningful interventions (*social validity*):** Within PBS any recommended behaviour support strategies need to be practical and achievable, relevant, and effective to the child and the team around them. Quality of life and behaviours are integrally linked and cyclic. By improving quality of life through meaningful interventions, the environmental triggers and interactions will decrease, and positively effect behaviour. Interventions require a multi-component plan and are best done in contexts of reduced stress and a calm environment.
- » **Systems change:** PBS involves recognition that behaviour does not occur in a vacuum and the systemic context is highly relevant. The system includes the policies and procedures within a specific environment such as a child care centre or school, as well as broader funding and governance provisions. Meaningful behaviour support can only be sustained if the systemic contexts are supportive of the approach taken (e.g., based on a child/family-centred, strengths-based approach which fosters collaboration).
- » **Emphasis on prevention:** The PBS approach to behaviour support is proactive rather than reactive, or crisis-driven. The focus is on capacity building and modification of contexts/environments to support positive behaviour and reduce the likelihood of the challenging behaviour occurring.
- » **Data for decision-making:** Data is collected about the child and his/her family, the identified behaviour, and the environment, to enable meaningful decision-making around behaviour support. Data may include ratings, logs, qualitative measures, self-report and direct observation.

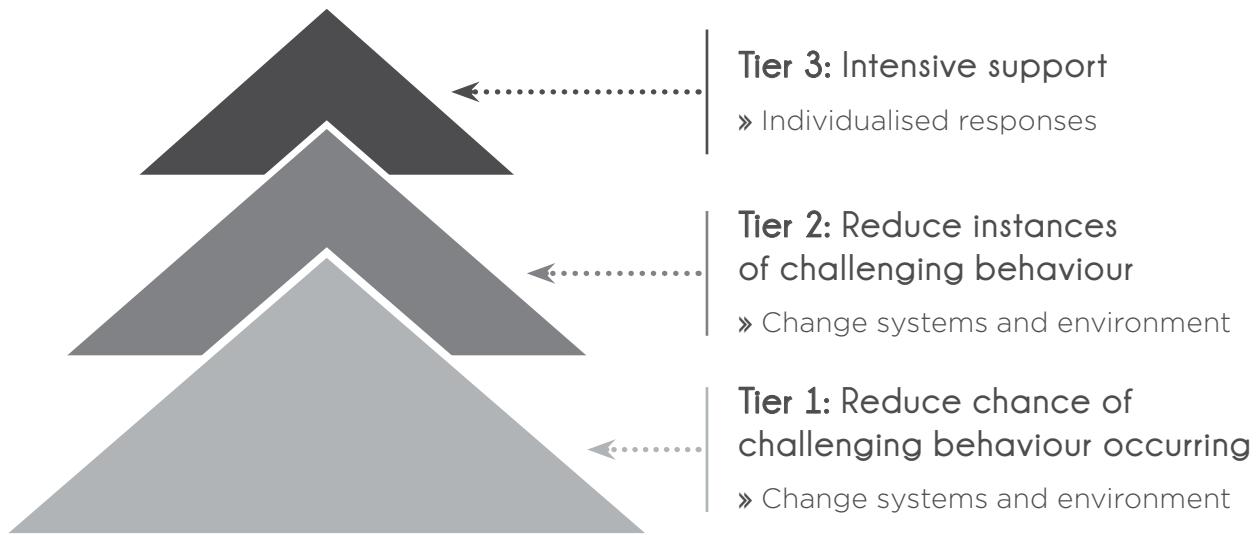
Adapted from Carr, E. G., Dunlap, G., Horner, R. H., Koegel, R. L., & al, e. (2002). Positive behavior support: Evolution of an applied science. *Journal of Positive Behavior Interventions*, 4(1), 4.

Multi-tier system of PBS

PBS occurs within a wider context and is often delivered to a whole environment such as a school, child care centre or family home. PBS involves identifying, teaching and reinforcing positive behaviour expectations for all.

PBS uses a multi-tiered system of support aimed at preventing problem behaviour along a continuum with three levels from least to most intensive support. This multi-tiered system is most commonly applied within educational settings but may be applied in other environments.

Figure 4: Multi-tiered system of Positive Behaviour Support



Tier 1: Reduce chance of challenging behaviour occurring approaches aim to change the environment to support the child and the team around them to successfully reduce the chance of the challenging behaviour re-occurring. It is important to note that Tier 1 approaches are universal level supports and aim to change the environment for all children. This includes building strong relationships, emphasising positive behaviours opposed to negative ones, focusing on strengths, setting clear and consistent boundaries, and modelling positive problem solving to promote and facilitate adaptive behaviour. Tier 1 approaches should result in a positive, rewarding environment that promotes and facilitates adaptive behaviour. All those interacting with the child (including behaviour support practitioners where appropriate) will need to use a common language and common strategies. Support at this level works for over 80% of all children, but no intervention works for everyone.

Tier 2: Reduce instances of challenging behaviour approaches also aim to change the environment to support the child and the team around them to successfully reduce the instances of the challenging behaviour occurring and re-shape the systems that contribute to behaviours. The focus at this level is often around specific behaviour change and what new skills need to be taught for the child to engage in more successful and positive behaviour. Behaviour support practitioners will be involved to assess, plan and oversee implementation and evaluation at the individual level.

Tier 3: Intensive support approaches are aimed at behaviours that are resistant to and/or unlikely to be addressed by Tier 1 and Tier 2 strategies. This tier provides the most individualised responses to situations where the challenging behaviour occurs and focuses mainly on reactive and safety strategies. Behaviour support practitioners will lead the team through an individualised Behaviour Support Process outlined over the following pages.

The Behaviour Support Process

In keeping with PBS, the Behaviour Support Process described in this guide, is iterative and involves repeated cycles of:

- » **Assessment**
- » **Planning**
- » **Implementation**
- » **Review**

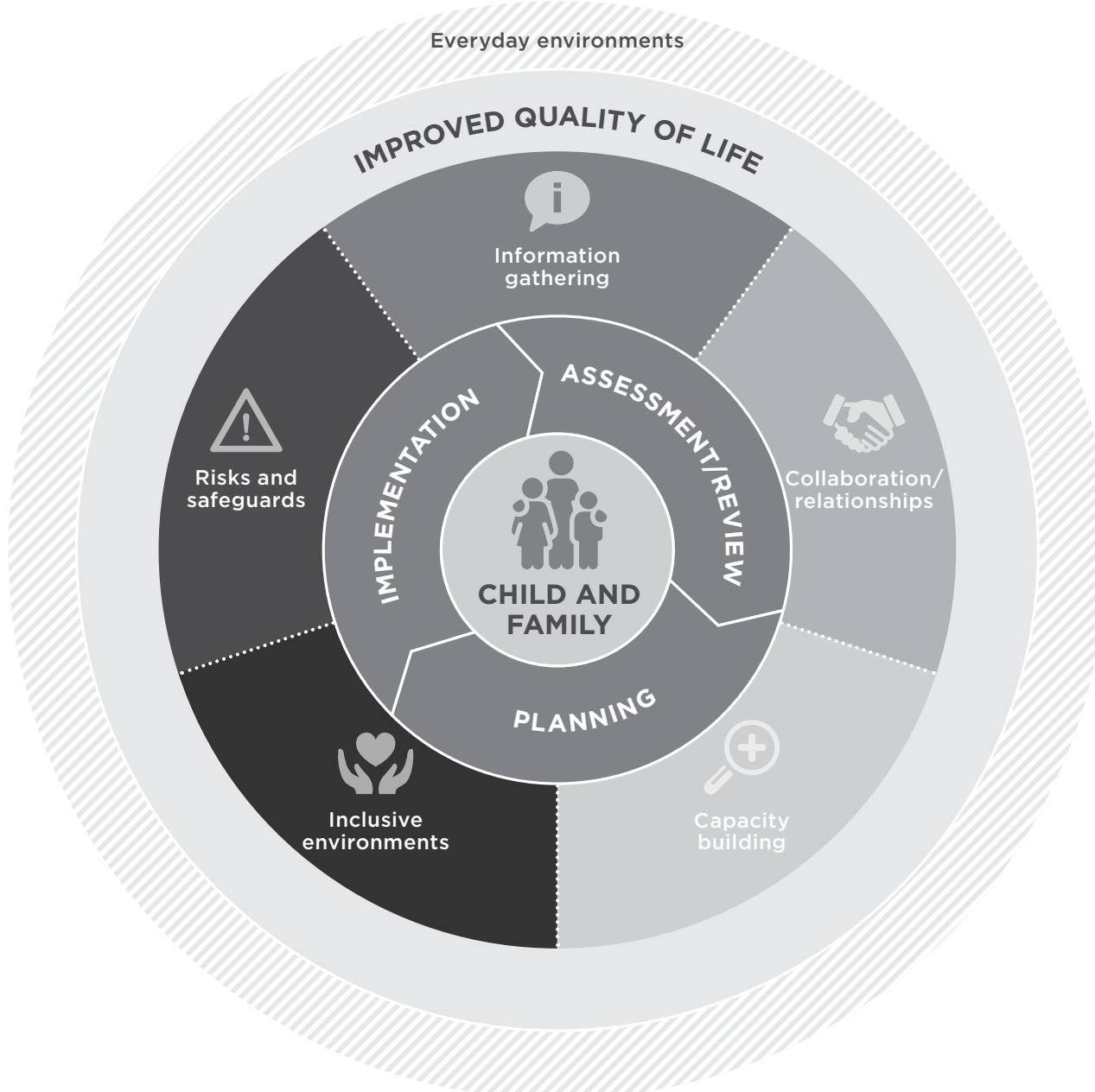
Behaviour support is a *process* and so changes are likely to be gradual rather than immediate.

Across the lifespan, children with disability and challenging behaviour may require intensive support over a lengthy period, or intermittent short-term support. Hence, the assessment/planning/implementation/review cycle may need to be regularly repeated, with strategies modified or introduced, to ensure the behaviour support needs of the child are met as his/her life circumstances change. This process has been captured in the Behaviour Support Process diagram.

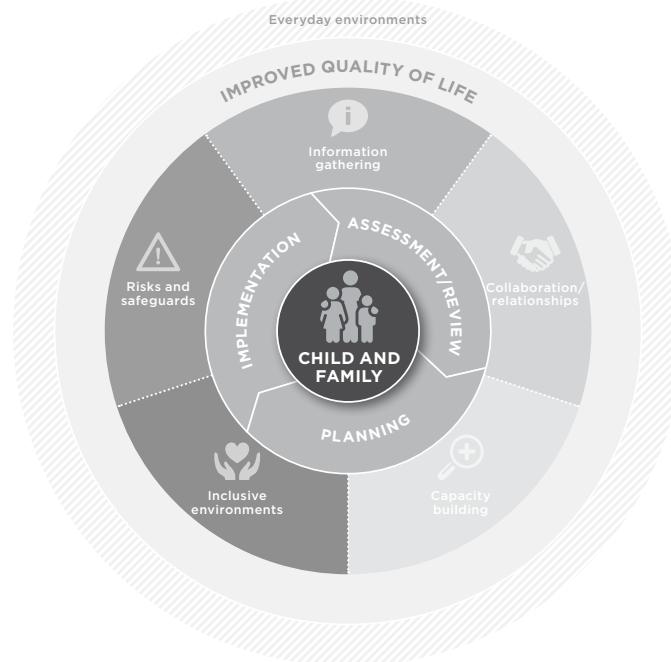
Behaviour Support Process diagram

- » *Inner circle*: **child and family**-centred practice is central to the Behaviour Support Process with the overall aim being to improve the quality of life of the child, and the team around them.
- » *Intersecting circles*: show the iterative cycles of **assessment/planning/implementation/review**
- » *Middle circle*: identifies the key elements of high quality behaviour support – **Gathering information** about the child and the environment; **Collaboration** between and among family members, practitioners and others; **Building the capacity** of those involved in the child's life to implement PBS; PBS occurring in **inclusive environments**; **managing risks** and building in **safeguards**
- » *Fourth circle*: **improved quality of life** for the child, their family and others is the primary focus of PBS
- » *Outer circle*: PBS occurs in and supports the child and family's **everyday environments**

Figure 5: Behaviour Support Process



'We can't come in with a magic wand and quick fix to instantly fix the perceived problem. It's building those relationships with the families we're working with and understanding what their daily lives are like, but also establishing good relationships and partnerships with the centres we're working with. It's a long term process that we need to work collaboratively on, and it's about knowing the child.'



Child-centred practice:

Child-centred practice involves recognising and valuing the child as a unique individual, and respecting his/her human rights as equal with all others. Behaviour support interventions should reflect the child's interests and motivations and, to the extent possible and in partnership with the team around the child, engage the child in the process of planning interventions.

'Talk to them about why you are doing it and talk to them about what they feel like you could be doing for them. That is super important.'

It is important to consider the broader context of the child and what (and who) has influenced their development. This is particularly important for a child displaying challenging behaviour as environmental and relational factors play a significant role in their development and behaviours.

Child-centred practice involves:

- » Seeing the child as a unique individual, with their own set of strengths
- » Respecting the child's beliefs, interests, and goals
- » Involving the child in decision making

Family-centred practice

A child is part of a larger family unit which, as previously described, may include parents, siblings, grandparents, aunts/uncles and cousins. The adults (and other members of that family unit to a certain degree) have a responsibility for the care, development and overall quality of life of the child. There are additional stressors and strains placed on families raising a child with additional support needs.

It is important to value the family unit as a whole but also the individual members' roles through an understanding of how the family functions.

Caring families are often the constant in a child's life so ensuring practices uphold the values of family-centred practice is crucial to build on the strengths and skills within that family to shape success. Interventions are designed and implemented in collaboration with families in recognition of their importance in their child's life.

Literature highlights that family wellbeing has a direct impact on the success of any implemented strategies, as well as the parent-child relationship. A family member's perception of their own capacity to implement strategies can directly impact outcomes. For this reason, subjective measures of perceived manageability and improved quality of life from the perspective of families should be included when assessing the efficacy of interventions. It is important that the family context be taken into consideration when providing support in a manner that is family-centred, and supports tailored to match the family's capacity.

'They are the expert on their child and their home life. We come at it with the knowledge of behaviour, and if we can share those two things then we can actually do really great work.'

Family-centred practice involves:

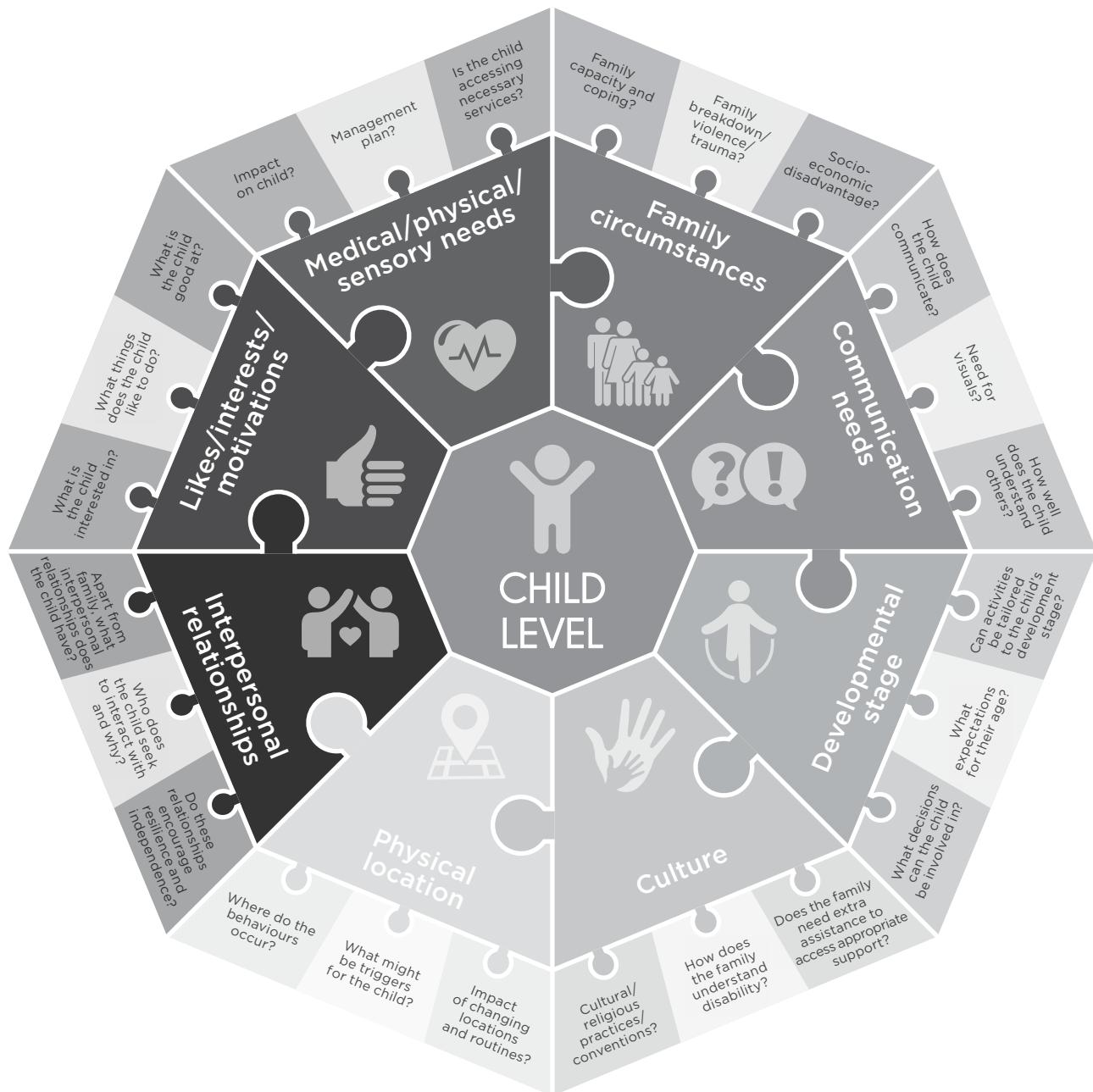
- » Valuing and understanding the role each family member plays – individually and as a unit.
- » Engaging families in decision making and using their knowledge of their child to form collaborative partnerships
- » Building on family strengths
- » Supporting the family to function and be members of their communities
- » Promoting mutual respect and trust
- » Addressing parent wellbeing
- » Tailoring interventions and support to the families' capacity
- » Fostering positive parent-child relationships

Gathering information about the child

Information gathering is a key aspect across all elements of the Behaviour Support Process. Consent from the parent or guardian will be required to gather information about, and work with, the child. Ideally and wherever possible, the child's consent to engaging in the Behaviour Support Process should also be obtained. The development of Easy Read and pictorial consent forms will assist this process.

Information is gathered about the child's past/and or present medical, physical or sensory needs, family circumstances, communication needs, developmental stage, culture, physical location, likes, interests and motivations. A behaviour support practitioner may use a range of formal and/or informal tools to collect the information represented in the diagram. The diagram provides some examples of the questions that might be asked in order to gather information. The questions are not definitive and there will be others.

Figure 6: Gathering information about the child



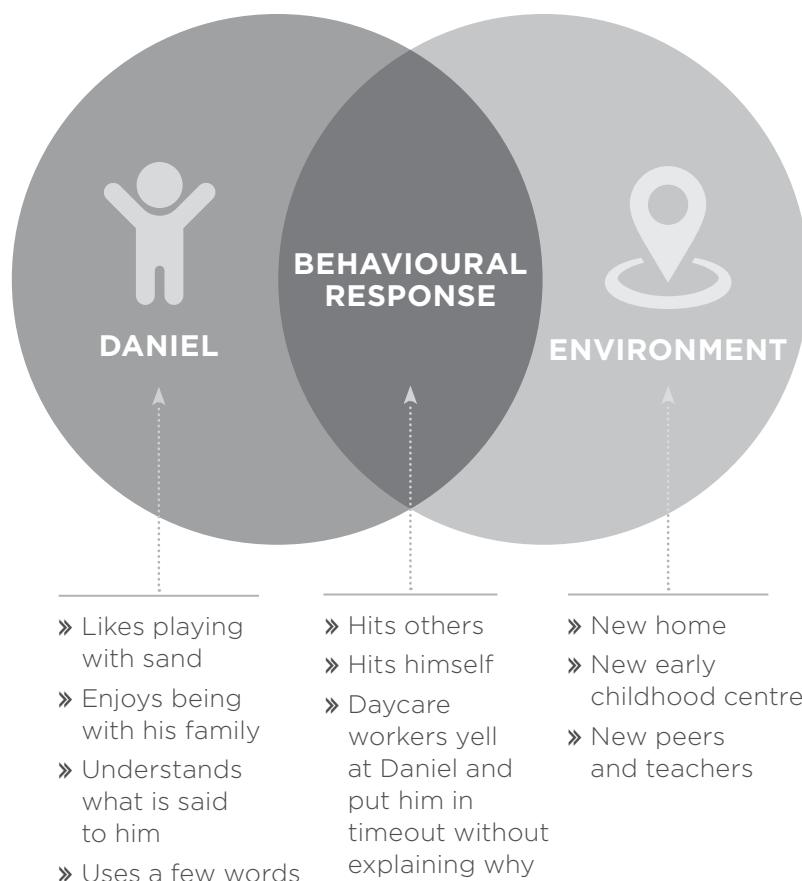
Behaviour Support Process

Here is a vignette about a little boy called Daniel and his family. The guide uses the example of Daniel throughout to highlight the key Behaviour Support Process principles of **information gathering, collaboration and relationships, capacity building, inclusive environments, and risks and safeguards**.



Daniel is three years old and lives with his single Mum, Sue, and older sister, Millie. Daniel is a sensitive boy who loves his family. His favourite thing to do is go to the beach with them, where he splashes in the water and rolls around in the sand and makes all the mess he wants. Six months ago Daniel was diagnosed with a developmental delay. As a single mum, Sue works and cares for both children.

Sue, Daniel and Millie recently moved to a new house in a different suburb. This meant Daniel started at a new early childhood centre. He's found it hard to make this change and has sometimes hit other children and also hit his own head with his fist. The staff at the centre found it difficult to stop Daniel and were quite confronted by seeing this behaviour. The parents of the children who Daniel hit complained to the centre director, Jacqui.

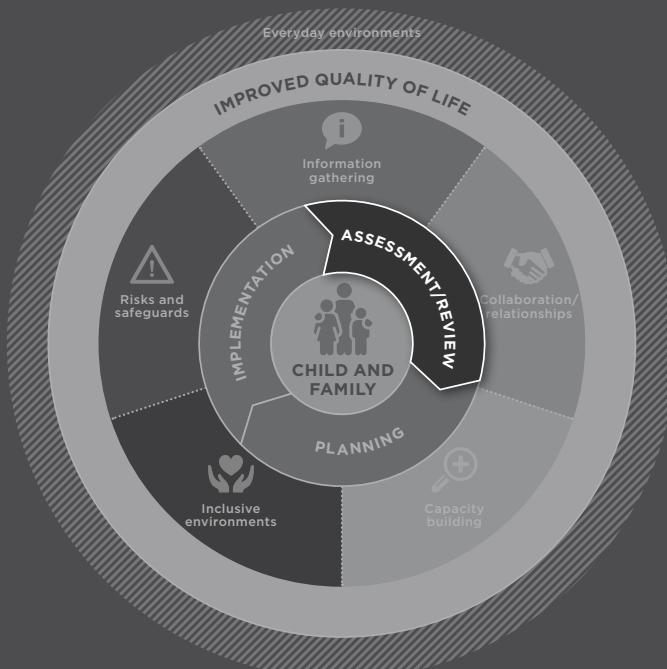


Unpacking the elements of the Behaviour Support Process

Assessment

PBS uses **Functional Behavioural Assessment** (FBA) to understand the ‘why’ of the behaviour that challenges. Recognising that behaviour is a form of communication, FBA involves applying the Antecedents, Behaviour and Consequences approach to:

- » Identify what happens immediately before to trigger the behaviour (the **antecedent** contributing factors)
- » Understand the nature of the **behaviour**
- » Identify the outcomes of the behaviour, and how people respond to the behaviour (the **consequences** of the behaviour)



Important information about the **context** of the behaviour; the **skills** that might be needed to replace the behaviour and meet the same communicative need; and what **modifications** may be needed to the environment, is obtained when the ABC analysis is considered in the context of what has been learned from the information gathering phase.

Who conducts the FBA?

An FBA will be conducted by a behaviour support practitioner trained in FBA. Other members of the team around the child will be asked to provide the behaviour support practitioner with information which will contribute to the FBA.

What does FBA look like in practice?



Information gathering (*using the ABC approach*)

» Antecedents

FBA is a process by which information is gathered and data collected about the child and his/her environment to understand triggers, and the function, of the behaviour. Information gathering questions may include:

- 💡 Who is around leading up to the behaviour?
- 💡 Where is the child?
- 💡 What is happening?
- 💡 Is the child showing enjoyment?
- 💡 Is the child meaningfully engaged?
- 💡 Is the environment busy or noisy?
- 💡 Are there demands being placed on the child?
- 💡 Does the child understand what is happening now and what is happening next?

'There was a child who was in a wheelchair and I think she was non-verbal and she had limited mobility, but she would slap her hand, and it meant that she wanted more food. If they didn't know that, they thought that that meant go away. So, it's really important to know these things.'

» Behaviours

Specific data will also be collected on the nature of the challenging behaviour within the child's everyday environments. Collecting this data provides an understanding of what the behaviour looks like and helps to measure change in episodic severity.

- 💡 What does the behaviour look like?
- 💡 How long does the behaviour last?
- 💡 How intense or severe is the behaviour and what is the impact?

» Outcomes (consequences):

Behaviours often continue as they are reinforced. Information about how people respond to situations where challenging behaviours occur, and how the child reacts to this response, will be captured through the FBA.

- 💡 What are the immediate and delayed reactions from everyone involved?
- 💡 How does the child respond to the consequences of the behaviour?

Collaboration/relationships

- » FBA is a collaborative process between the behaviour support practitioner and the team around the child, including the child him/herself, their family, and other practitioners involved in the child's life.
- » The information and perspectives provided by the child's family is crucial to understanding the child and effecting positive change.
- » The other key people in the child's life (e.g., early education teachers, therapists, support workers) will also provide valuable information.

Capacity building

- » As young children spend most of their time with their family, building the capacity of family members to understand and be part of the assessment process is integral to PBS.
- » The behaviour support practitioner will develop the skills of family members and others supporting the child, to observe and record the behaviour and to look for patterns in what occurs before and after an episode of challenging behaviour. Family members and the team around the child will be assisted to develop the skills they need to implement strategies and respond to changing needs over time. The ultimate goal of capacity building is to equip the team around the child to solve any future challenges early and independently.

Supportive/inclusive environments

- » FBA will identify opportunities to make changes in a child's everyday environments to promote and support positive behaviour change and provide the child with increased opportunities for meaningful participation.

Risks and safeguards

- » FBA will identify potential risk factors (e.g., triggers) in the child's environment. Triggers may be both internal (e.g., physical health, mental health, sensory) and also external (e.g., environment, behaviour of others, change in routine, transitions).
- » Safeguards may include the child and others' physical safety and mechanisms for monitoring the use of any practices which may be restrictive.
- » Where the need for, or existing use of, a restrictive practice is identified, involvement of a professional behaviour support practitioner is required. The use of restrictive practices for behaviour support must comply with NDIS legislation³.

³ The relevant legislation can be found at: <https://www.legislation.gov.au/Details/C2017A00131>

Demonstrating Assessment: Daniel

Here we show how FBA is applied to Daniel's situation.

-  Information gathering
-  Collaboration/relationships
-  Capacity building
-  Supportive/inclusive environments
-  Risks and safeguards



Following the complaints made by parents about Daniel hitting other children at the centre, the director, Jacqui asked Sue to come into the centre after hours and arranged for Daniel's favourite staff member to entertain him and Millie while Sue and she talked. Jacqui told Sue what was happening and asked Sue if this was something she had seen Daniel do at home.



Sue was very despondent initially, but then became emotional. She told Jacqui how hard things had been since Daniel's diagnosis. She had noticed Daniel hitting his head at times, but she wasn't sure what to do about it, and so she just gave Daniel whatever he wanted to try and keep him happy. Sue said this was causing friction with Millie, who felt that Daniel always got his way and was the favourite. Sue believed that Daniel knew he was upsetting people, but didn't know how else to show his frustration and anger.



Sue and Jacqui spoke about the process of Daniel's diagnosis, and what support was offered after it. Sue hadn't engaged with any help as she just didn't know where to start or who to call. Jacqui said she could help if Sue wanted. She said that they could work out strategies to help Daniel so he learnt how to manage his frustration in another way and didn't hurt other children or himself.



Jacqui knew of a couple of local services that worked with children with additional support needs. Together, she and Sue looked at their websites and Sue chose the one that she preferred; she then made an appointment with Daniel's Paediatrician to get a referral.

Continued on next page...

Demonstrating Assessment: Daniel



Meanwhile, director Jacqui met with the key staff who supported Daniel at the centre and they shared their observations of Daniel. They talked about what they had tried and what the outcomes were. Jacqui was really pleased when the staff members all said how much they enjoyed working with Daniel, and how he could be lots of fun. They also shared their concerns over his display of physically harmful behaviour. They came up with some ideas on how to support Daniel, and give him opportunities to express his frustration, but they felt like they could do with some more support.

After a month, Daniel was accepted into the local disability support service and allocated to work with behaviour support practitioner, Bill.



Bill explained to Sue that he would need to assess Daniel by spending time getting to know him, Sue and Millie in their home and also would need to visit the centre to watch Daniel's interactions with the other children. Bill explained that seeing Daniel in his natural settings would help him to understand what things were triggers for Daniel's frustration and behaviour. Bill asked Sue a lot of questions about Daniel, she felt like Bill was really trying to understand him. Because of Sue's work commitments at the time, it was difficult for Bill to see them at home.



Sue put Bill in touch with centre director, Jacqui and gave her permission for Bill to visit the centre to do some observations of Daniel interacting with the other children and staff. When Bill visited the centre, he talked to Jacqui and the key staff working with Daniel about a functional behavioural assessment. He explained the assessment process was to try and understand why Daniel was hitting himself and other children – were there particular people or situations that led to the aggression? What was he trying to communicate with his behaviour? How did other people respond to Daniel's behaviour? What else might be happening for Daniel? The staff explained what they were doing to support Daniel and Bill was impressed that the staff had started to think about Daniel's behaviour as a form of him expressing his frustration.



Bill then conducted a functional behaviour interview with the centre director, staff and a descriptive analysis to help him create a hypothesis of what Daniel was trying to say with

Continued on next page...

Demonstrating Assessment: Daniel



his behaviour. He explained to staff that together they would work out the best strategies for teaching Daniel a better way of responding. He reminded the staff that this could take some time and wouldn't be all 'smooth sailing'.

Daniel didn't know Bill and wasn't really sure why he was coming to see him all of a sudden. He was a bit wary of him. But he did like it when Bill played with him in the sandpit.



Bill kept in contact with Sue throughout to keep her informed of his visits and asked for her opinion on what he observed. He said he would like to see Daniel at home when Sue was ready and able. Sue appreciated that Bill wasn't too pushy with her, and that he understood how much she was juggling. But mostly, she was impressed that Bill valued her input as Daniel's mum and the person who knows him best. She hadn't had anyone make her feel like she was the expert about Daniel before.

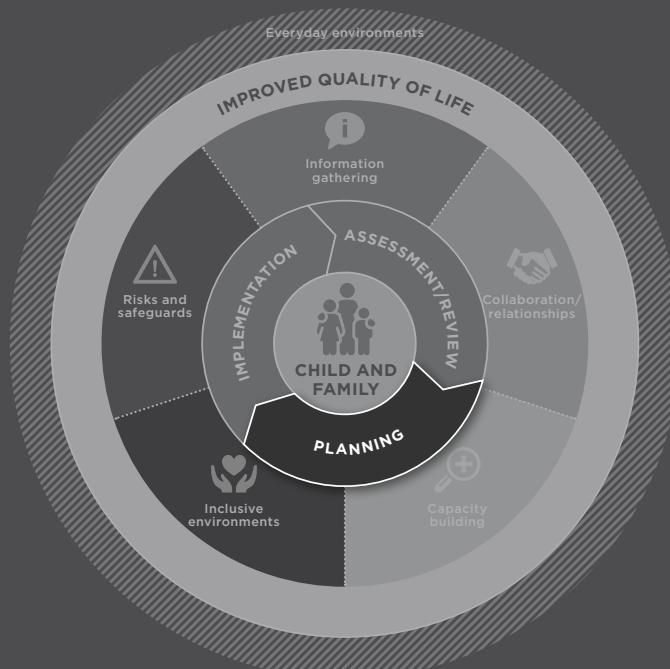
Unpacking the elements of the Behaviour Support Process

Planning

Based on information gathered and following a comprehensive FBA, the next phase involves the development of a behaviour Support Plan. It is important that the plan is based on the findings of the FBA and is developed in partnership with the team around the child. Assessment by the behaviour support practitioner and the team around the child, of the 'contextual fit' of the plan is important. Contextual fit refers to the match between the written Support Plan and the family and other's priorities, goals, values and strengths.

Research suggests that the better the contextual fit, the more effective the plan and strategies will be (Aspect Contextual Fit Fact Sheet).

Following FBA identification of antecedent factors, a first very important step is to immediately change as many of those factors as possible. Making these changes will reduce tension in the environment and the child's (and those around them) stress and distress creating a more conducive environment for making a Support Plan that involves learning new behaviours.



What does Planning look like in practice?

Information gathering

- » All the information gathered by the behaviour support practitioner (informed by the child and the team around them) during the assessment phase will be used to develop a Support Plan that identifies strategies for behaviour support.
- » There will be ways for monitoring and evaluating implementation of the plan. This may include data collection sheets detailing whether a strategy was used, how often, whether it was helpful or effective, and how it felt to use the strategy from the perspective of those interacting with the child.

Collaboration/relationships

- » The planning process includes discussion between the behaviour support practitioner and the team around the child, of the potential options for intervention so that the plan is meaningful and achievable for the child and the people who support him/her. Specific questions to better understand the child and family's needs will be asked for example:
 - 💡 What does the family want to work on first?
 - 💡 What behaviour is the most challenging at the moment?
 - 💡 Is there an 'easier' behaviour to address first to give the family/staff an early 'win' and enhance their confidence and skills?
- » Working collaboratively, decisions will be made about which goals to target and which strategies to implement.
- » Family circumstances, including social, cultural and economic factors, and attitudes to disability, may all impact on whether the potential options are acceptable.

Capacity building

- » Planning takes into account the child's developmental level to recommend strategies or areas for skills development that are realistic, build on the child's strengths, and are likely to provide the best opportunity for participation and inclusion.
- » Plans that build capacity are individually tailored not only to the child but to the team around the child (i.e., family and other practitioners).

Supportive/inclusive environments

- » Plans addressing the variety of settings in which the child interacts will be tailored to his/her interests and motivations. They will include activities which are meaningful to the child, reflect their likes and motivations, and occur with other children and adults who they already know. This will encourage choice making and participation while creating a supportive environment.
- » The plan may include visual supports which are very useful for many young children and those with whom they are interacting to enhance communication and relationship building.

'Ensuring whatever work we do is family-centred and as inclusive as it possibly can be in the natural environments where our client group are working or operating, whether that be home, family, daycare, parks or shopping centres.'



Risks and safeguards

- » Sometimes a child's behaviour becomes worse before it improves as the child tries to work out how to still get his/her needs met. Planning safeguarding strategies help to minimise escalation of behaviour and reduce the risk of harm to the child or others.
- » Safeguarding strategies may include suggestions around non-confrontational tone of voice and body language to defuse the situation.
- » Plans are also likely to include emergency procedures if the child is at risk of harming themselves and others. In this case, safety will be a primary concern.
- » Restrictive practices should be a last resort, occur in very limited and specific circumstances, be used for the shortest possible period of time and be the least restrictive option.
- » Definitions of types of practices considered restrictive differ across States and Territories and therefore behaviour support practitioners must be familiar with the definitions relevant to the jurisdiction in which they work.

'...sometimes people get so focused on managing risks that they use more restrictive options than they should be.'

Demonstrating Planning: Daniel

Here we show how Planning is applied to the example of Daniel. See Appendix 1 for Daniel's Support Plan.

-  Information gathering
-  Collaboration/relationships
-  Capacity building
-  Supportive/inclusive environments
-  Risks and safeguards



A few weeks after behaviour support practitioner Bill became involved, Daniel was due to have a planning meeting at the early education centre. This was an opportunity for the key people working with Daniel at the centre, Sue, and Bill, to come together to talk about how things were working out for Daniel. Daniel was there too, sitting next to Sue. He liked it, as everyone was talking in quiet, calm voices. Everyone was careful to speak very positively about Daniel in front of him, and make sure he felt as though he could be successful in the future. It made him happy.



Bill brought along the information from the assessment process and some ideas he had for strategies. He also spoke about his observations of Daniel's development compared to typically developing peers, what he believed the function of Daniel's behaviour was based on the previously conducted FBA, and the importance of understanding this in context. Together, those attending the meeting discussed strategies they thought would work and also those that might be difficult to put in place both at the centre and at home. Sue had some great ideas about how Millie could get involved at home.

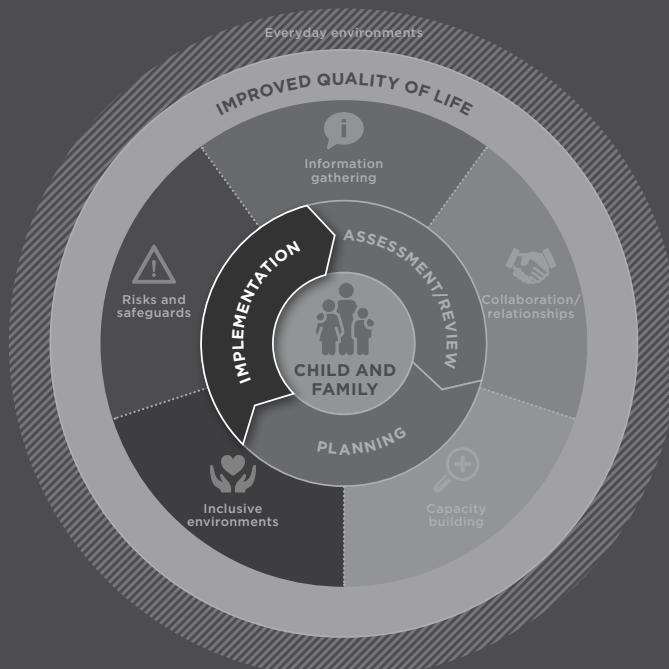


By the end of the meeting, the group had a plan with a range of strategies (see Appendix 1 for a sample plan for Daniel). Bill told everyone that it was important to collect information about how the strategies were working for Daniel. This information would help them to decide what changes might be needed. Bill said he would work out an easy and quick way for both the centre staff and Sue to collect this data using an iPad. The group agreed to meet again in one month's time, so they could discuss how things were going, but Bill said anyone could contact him before that if they had concerns.

Implementation

In PBS, it is the child's family, and other people within their everyday environment, who implement the Support Plan rather than the behaviour support practitioner. This may require a shift in thinking for some families and other people in the child's support network.

Involvement of members of the team around the child increases the likelihood of behaviour support success as consistent implementation across all the everyday environments in which the child lives and interacts, has been shown to be most effective.



The role of the behaviour support practitioner is to provide the necessary support and training to ensure that effective implementation is possible.

What does Implementation look like in practice?



Information gathering

- » Data gathered during implementation of the behaviour Support Plan will mean the plan is consistently monitored and evaluated and necessary changes made.
- » Behaviour support practitioners may use standardised data collection sheets or may devise their own.



Collaboration/relationships

- » The strong collaborative relationships built with the child and the team around him/her during assessment and planning, will enhance people's confidence in implementing the plan and providing feedback on how it is going.
- » Some people in the child's support network may need additional support from the behaviour support practitioner in the first few weeks of plan implementation, others may need additional support if new challenges arise.
- » All those engaged with the child will reflect on their role and how they can adapt their input to best meet the child's needs.



Capacity building

- » The behaviour support practitioner may provide training, skill building, and coaching to the people who will be implementing the behaviour support strategies.
- » Skill building may include teaching self-regulation techniques and replacement skills for the behaviour of concern, utilising functional communication strategies, encouraging opportunities for choice making, and providing activity schedules to support a child's understanding of routines and expectations.
- » Training may include modelling, use of video feedback, checklists, and encouragement to help members of the team around the child to become effective implementers.
- » These capacity building activities are likely to provide members of the team around the child with skills to solve other issues that may arise in the future.



Supportive/inclusive environments

- » In implementing the plan there may be a need to modify the environments in which the child interacts so opportunities for learning are enhanced along with quality of life.
- » The members of the team around the child will know the most practical and achievable modifications required.



Risks and safeguards

- » Skill building activities will include ways to support the child to learn how to manage emotions such as anger and frustration.
- » Implementation will include a mix of strategies such as how to redirect the child away from situations that he/she finds stressful (also called de-escalation strategies).

Demonstrating Implementation: Daniel

Here we show how Implementation is applied to the example of Daniel.

-  Information gathering
-  Collaboration/relationships
-  Capacity building
-  Supportive/inclusive environments
-  Risks and safeguards



Once behaviour support practitioner Bill had developed a way to collect data, early childhood centre director, Jacqui invited him to come to a full staff meeting. Jacqui felt that it was really important that all the staff knew the implementation strategies and data collection process. Bill explained the function of Daniel's behaviour in the context of his delay compared to typically developing children of the same age. Staff found this useful to modify their expectations of Daniel to what he was developmentally capable of, rather than what other three-year-old's were doing, and also to reflect on their own responses to the behaviour which may reinforce it. On one visit, Bill brought a speech pathologist colleague who focussed on how Daniel was supported to communicate – how he understood what was happening around him and how he told others what he thought, felt and needed.



Following the speech pathologist's advice, Bill and the centre staff put together some routine boards using pictures to help explain to Daniel what was going on each day. Staff found this really useful when it was time to change activities as the boards explained to Daniel what was happening. Unexpected changes to his routine sometimes made Daniel upset and angry.



The staff also did lots of fun role-plays and games with Daniel about feelings, and how to show them using his words rather than hitting. Daniel loved all these new games that he was playing. He loved it when someone pretended to be sad and Daniel got to do something nice for them and they pulled a really big cheesy grin. It was so funny!

Bill also made sure that he visited the centre regularly during the first few weeks of implementing the new strategies. He explained to staff that behaviours often escalate before improving and he wanted to provide support and feedback

Continued on next page...

Demonstrating Implementation: Daniel



to them, and make sure the strategies were working to improve Daniel's quality of life.



Sue heard all the good feedback from Bill and the centre staff, but she was still struggling with Daniel at home and could not understand why. Sue and Bill had an honest conversation about how hard it was for Sue to support Daniel to learn how to do things differently. Bill told Sue he understood all the pressure she had been under. He explained to her that for Daniel to really learn new skills, they needed to be practiced across all the environments he accessed, including home. While she hadn't considered this before, it made sense to Sue.



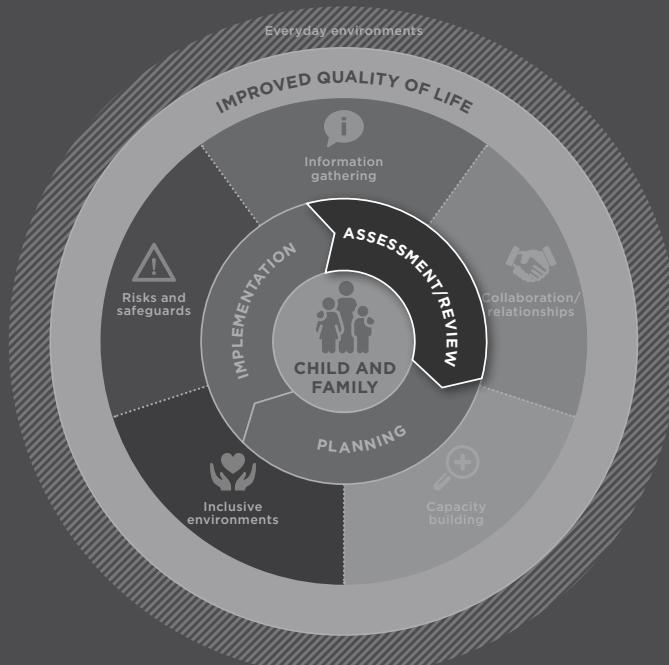
Bill commenced home visits to Daniel and Sue, and was able to identify the same patterns in behaviour that he had seen initially with Daniel at the centre. Slowly, they began trialling some of the strategies at home. Even Millie got involved, going through Daniel's routine with him every morning before school.

Review/re-assessment

It is crucial that behaviour support plans are reviewed to determine which strategies or skill building activities have been useful and effective and which have not and why. This involves reviewing and summarising the data collected during the previous stages and troubleshooting any ongoing difficulties with the child's family and support network. In effect, this means re-assessing the child's situation and the behaviour support process starts again. Strategies and skill building activities are updated or added and the current behaviour support plan is modified or amended.

Where the processes of behaviour support have been effective, the strategies used to achieve that success become integral to the child's day-to-day support. The strategies then become approaches for successful support rather than strategies to manage 'challenging behaviour'. This is the desired end to the process of behaviour support.

In the event the process has had minimal positive impact it may mean critical areas of understanding the needs of the child and/or their support system have been missed. A deeper level of assessment may be required to unpack those areas in order to better identify what is needed by the child, family and other supports to achieve behaviour change.



Demonstrating Review: Daniel

Here we show how Review is applied to the example of Daniel.

-  Information gathering
-  Collaboration/relationships
-  Capacity building
-  Supportive/inclusive environments
-  Risks and safeguards



At the one-month review meeting, behaviour support practitioner, Bill presented the summarised data that the centre staff and Sue had been sending to him. From the data everyone could see that the strategies were making a difference to Daniel's behaviour. The number of incidents where other children had been hurt had reduced, but not altogether stopped. Using the ABC approach, the group discussed the times when Daniel had hit other children or himself and they worked out what the triggers had been and brainstormed why they thought the strategies had not worked on these occasions. Together with Bill, the staff and Sue decided on some additional strategies to try when it seemed like Daniel's behaviour was escalating.



Six months down the track, things are better. They still aren't perfect, but they are better. Sue and the centre staff continue to work really hard implementing strategies with Daniel. Daniel feels happier. He isn't getting as angry with his mum, sister and the other kids like he used to. They still do annoy him sometimes, but he knows he shouldn't hit them. He knows to do other things instead. Bill, Sue and the centre staff talk regularly to monitor how things are going. Sue now knows where she can go to get help, and she feels confident to do this. She even approached Daniel's paternal grandparents to help provide some respite a couple of times a week. This gives Sue and Millie time together without Daniel. The staff at the centre have a better understanding of how to support Daniel when he is showing signs of frustration, and they have a positive relationship with Sue.

Check out the draft
Support Plan for
Daniel in Appendix 1.

In summary

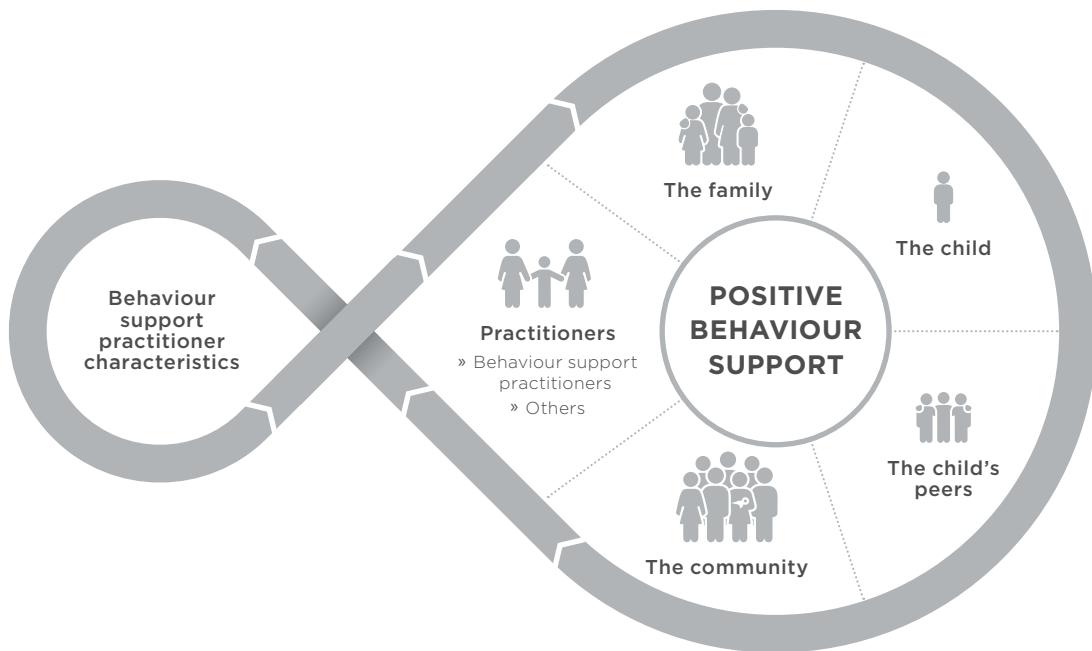
PBS involves engaging the child and the ‘team around the child’ which includes family members, peers, and practitioners (both behaviour support and others engaged with the child) working together within the child’s community contexts to reduce challenging behaviours, build skills and enhance quality of life. PBS relies on the team members having a good knowledge of the child, the family and the other environments the child frequents (e.g., pre-school, playgroup, church, sports clubs). This knowledge is shared during the assessment and planning processes and through the rapport created between the practitioners, child and family.

Following assessment, PBS involves development of a behavioural plan with clearly articulated, written preventative approaches, strategies for promoting success, and strategies for intervening when necessary, using a continuum of multi-tiered support aimed at preventing problem behaviour through a hierarchy from least to most intensive support.

Through a process of self-reflection, mentoring, and supervision, practitioners will develop and use a range of attributes and skills to work effectively with the child and their family. Practitioners will be supported through clear behavioural guidance policies and procedures, and good mentoring and supervision systems.

Figure 7 provides a diagrammatic summary of the PBS process.

Figure 7: PBS in summary



The responsibility for good practice PBS includes:

1. making sure that practitioners have the right competencies and attributes and
2. follow the PBS behaviour change process in the context of
3. child and family centred practice.

Evidence-base

Found using a systematic literature search approach, the following peer-reviewed published articles informed the guide's evidence-base alongside the practitioner interviews.

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Durand, V. M., Hieneman, M., Clarke, S., Wang, M., & Rinaldi, M. L. (2013). Positive Family Intervention for Severe Challenging Behavior I: A Multisite Randomized Clinical Trial. *Journal of Positive Behavior Interventions*, 15(3), 133–143. doi:10.1177/1098300712458324

Einfeld, S. L., Tonge, B. J., & Clarke, K. S. (2013). Prevention and early intervention for behaviour problems in children with developmental disabilities. *Curr Opin Psychiatry*, 26(3), 263–269. doi:10.1097/YCO.0b013e32835fd760

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Appendices

Appendix 1: Sample Support Plan

Support Plans are designed with the overarching objective of improving a child's quality of life and should be guided by the following principles:

1. It is a positive and respectful presentation of the child, ideally with their involvement, review and consent.
2. It should be part of a team approach.
3. It should focus on a child's quality of life rather than only on the reduction of challenges.
4. It should understand the whole person, their strengths and disability needs and focus on providing these routinely. In shared settings (e.g., family or group homes) the whole environment needs to be considered.
5. It should meet basic technical behavioural criteria e.g. the plan review criteria as set out in the BSP QEII measure⁴ (e.g., FBA, function, replacement behaviour etc).
6. There should be a strong focus on implementation. Everyone supporting the child is trained, coached, and supported to implement the plan with fidelity, and implementation is measured to show consistency across environments and over time.
7. The 'contextual fit' of the plan is measured (e.g., using a contextual fit checklist).
8. The success of the plan is evaluated using both subjective and tangible measures (does challenging behaviour decrease, does quality of life and skills improve, are the team more confident etc).

A sample Support Plan has been provided for Daniel (the example child used throughout this guide). This example provides just one way of writing a Support Plan and does not mean that this is the only way to do so.

The plan has two components:

1. a one-page profile that contains all the key points for supporting Daniel. It is envisaged that this will be readily available to all people working with Daniel.
2. a more comprehensive Behaviour Support Plan that details information about Daniel and strategies for helping him to remain calm. This includes a 'traffic lights' system. This plan will be used by those who work closely with Daniel.

⁴ *The Behaviour Support Plan Quality Evaluation Guide II (BSP-QEII) is a tool to monitor and assess BSPs for children with disability.*

Daniel's Support Plan

Date of this plan: 01/06/2016

What's important to me

- * My Mum and sister Millie
- * Being around happy people
- * Being supported to express my frustration in an acceptable way
- * For people to understand me and for me to understand them

Things I like to do

- * Play in the sand
- * Go to the beach and roll in the sand
- * Be with my family
- * Play games with other people
- * Sing

What people like and admire about me

- * I like to make people happy
- * I can be a lot of fun
- * I'm great at playing games with other people when I know the rules
- * I love listening to people singing in quiet, calm voices
- * I have a great sense of humour

When spending time with me remember to...

- * Use my visual routine board
- * Explain what is going on and what you expect of me
- * Give me enough warning time when we are changing activities or going somewhere
- * Play with me!
- * Use a calm voice

If I start to feel angry or frustrated...

- * Don't yell or get angry at me
- * Talk to me in a calm, steady voice
- * Encourage me to find a quiet play space, but stay with me
- * Offer me a preferred activity

This document provides guidance to the people who support Daniel. This is a working document, and can be amended at any time. It's important that the people who support Daniel review this regularly to see how the strategies are working/not working so changes can be made as needed.

It is important to remember that Daniel is growing and changing and learning each day, so these strategies may need to be modified accordingly.

People who contributed to this plan:

- » Daniel
- » Sue (Daniel's Mum)
- » Jacqui (Director, Early Childhood Centre)
- » Sofia, Max, Amy (Workers, Early Childhood Centre)
- » Bill (Behaviour Support Practitioner, Disability Service)
- » Salmar (Speech Pathologist, Disability Services)



About Daniel

Daniel is 3 years old and lives with his mum and older sister, Millie. He is a sensitive boy who enjoys spending time with people, and going to the beach.

Daniel has been diagnosed with a developmental delay, and this means it takes him a bit longer to learn things.

You can use verbal language with Daniel, but it's better if you can accompany this with visual cues, like pictures and natural gestures.

Daniel's favourite things

Daniel loves playing in the sand. He also loves going to the beach with his family and rolling all around the sand and water. He really enjoys time with his family. Daniel also loves to play games with other kids, and loves being involved. He can be lots of fun and has a great sense of humour. His favourite song is 'Octopus's Garden', and he loves it when people sing this to him.

Things that Daniel struggles with/behaviours of concern

Daniel doesn't quite understand the 'rules' of playing with other kids. He can become angry when things don't go his way, or he doesn't understand what is happening. During these times Daniel can hit other kids or hit his own head with his fist.

Daniel doesn't like lots of loud people talking all at once. This makes him anxious, and he will also start hitting his head in this situation.

Behaviour	Possible Meaning	Suggested Support Strategy
Yelling	<ul style="list-style-type: none">• Unmet needs• Not happy with what's happening• Unsure how to get message across	<ul style="list-style-type: none">• Modelling a calm voice• Sign for 'quiet'
Hitting other people	<ul style="list-style-type: none">• Not happy with what's happening• Unsure how to get message across	<ul style="list-style-type: none">• See traffic light response strategies
Hitting his own head	<ul style="list-style-type: none">• Frustration with others• Frustration with self• Frustration with situation	<ul style="list-style-type: none">• See traffic light response strategies

Goals

1. To increase Daniel's positive relationships and interactions with other children at his child care centre.
 2. To teach Daniel calming and relaxation strategies to use when he is feeling upset or angry.
 3. To teach Daniel other ways to communicate his frustration.
-

To meet these goals, the people supporting Daniel must:

- Create a sense of shared understanding of his history and what has contributed to making him who he is.
 - Recognise his role within his family unit, and the importance of his mum and sister in his life.
 - Be committed to understanding Daniel and why he is struggling to understand some things.
 - Be a good role model of how to play, interact, and communicate with people.
 - Understand that Daniel needs routine, and needs to have verbal communication supported with visual cues.
 - Be familiar with this plan and how to implement strategies, and be part of ongoing reviews.
 - Share any new information with others who support Daniel.
-

Encouraging the desired behaviour and environmental supports

The following strategies should be used with Daniel as part of his daily routine. It is important that they be implemented when Daniel is in the 'green zone' (see the traffic light response strategies).

- **Daily routine board and visuals**

Use visuals to support Daniel's understanding of what is going to happen each day. Use the visuals to communicate his schedule and which staff are on shift that day – ensure his routine board is easy for him to access.

Use visual support strategies to explain to Daniel what you are expecting of him (using the 'First' and 'Then' cards – e.g., First wash hands, then eat).

- **Social stories and role play games about emotions**

Using social stories will help Daniel learn about desired behaviour when he is in a calm state. Social stories will also help him identify that everyone feels emotions and what to do about them. Role modelling how other people's actions impact on your emotions can be a fun game, and can help Daniel practice in a non-threatening environment.

- **Blowing bubbles**

Blowing bubbles can slow Daniel's breathing down and this can help support a calm state. It's important to pick the right time to use this activity – just when you start to see the early signs of his frustration.

- **Calm, quiet environments**

The centre can be very busy and noisy. It is important that Daniel has access to some quiet play areas – where he can retreat when needed. It is important that these spaces are not segregated, or that he go without supervision at these times. Engaging in areas or play that are built for one child only can support this without excluding him – (e.g., sitting on the swing or tee-pee).

• Awareness of own emotions

It is important that people supporting Daniel are aware of their own emotional state and energy levels. If you feel you are becoming angry or frustrated it is important to take a moment to reflect and monitor this. Put some strategies in place to deal with these – take a break, do some deep breathing or some form of physical exercise.

Traffic light response strategies for Daniel

These strategies should be used as a guide when supporting Daniel if his behaviour is escalating. These strategies should be used in combination with positive practices. Emphasis should be placed on trying to keep Daniel in the ‘green zone’ and to implement the ‘orange’ strategies in enough time when those warning signs appear.

What you see...

When Daniel is feeling calm and relaxed:

- Engaged in play
- Playing with toys appropriately
- Eye contact with others
- Relaxed facial gestures, smiling

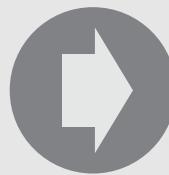


What you do.....

- Provide positive reinforcement ‘good boy Daniel’ and ‘Nice playing’. Support with visual cues and gestures (e.g., thumbs up)
- Use routine boards when it’s time to change activities
- Encourage Daniel’s participation

When Daniel is starting to feel frustrated:

- Facial expression becomes taught and fixed
- He avoids eye contact
- He keeps his head down, looking at others from his peripheral vision
- He will clench his jaw and fists
- His breathing rate increases

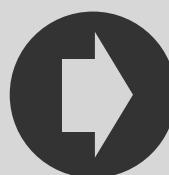


To support Daniel to calm down:

- Sit alongside him
- Talk to him in a quiet calm voice
- Offer a preferred, alternate activity (e.g., sand and water play, blowing bubbles)
- Keep your body language open and relaxed

When Daniel is frustrated:

- He will raise his voice and scream or yell ‘No’
- His movements become fast and jerky
- He will hit his head with his fist
- He will try and hit other children

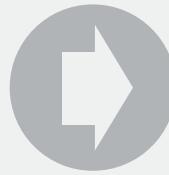


To keep Daniel safe and support him to calm down:

- Use a firm tone and say ‘Daniel, Stop’
- Use the sign for ‘stop’
- Stay with him, talk in a calm even tone but use minimal words
- Sit alongside Daniel, and if he would like you to, gently hold his hand and encourage him to breathe deeply

Recovery:

- Daniel becomes quiet
- Facial muscles relax
- Finds a quiet space
- Makes eye contact



To support recovery:

- Monitor him closely
- Stay with him, and reassure him it’s OK
- Offer him a drink
- Keep talk to a minimum. He may like a song sung to him quietly
- Return to routine slowly

Appendix 2: Implementation checklist⁵

Part I: An example of the list of tasks to do in relation to Daniel's Support Plan:

Implementation checklists are used to document and 'check off' the tasks and actions required to implement Support Plans. Tasks and actions include people to talk to, things to buy (e.g., visual aids), meetings to organise, and information to gather. The checklist will help to organise the different components of the plan and highlight who has done what and when.

Name: Daniel

Task	Who is responsible/when	Task completed
1 Buy card, Velcro, make and laminate visual routine board for early childhood centre	Sophia, Max & Amy (early childhood centre workers) in consultation with Salmar (speech pathologist) 10th June	<input type="checkbox"/>
2 Buy card, Velcro, make and laminate visual routine board for home	Sue (mum) & Millie (sister) with help from Salmar 17th June	<input type="checkbox"/>
3 Buy card, find visual pictures and make visual support cards for early childhood centre	Sophia, Max & Amy with Salmar 17th June	<input type="checkbox"/>
4 Buy card, find visual pictures and make visual support cards for home	Sue & Millie with Salmar 24th June	<input type="checkbox"/>
5 Develop social stories with events and people from Daniel's life	Sophia, Max & Amy together with Sue 1st July	<input type="checkbox"/>
6 Make up role play scenarios to act out emotions with Daniel	Sophia, Max & Amy with Bill (behaviour support practitioner) 1st July	<input type="checkbox"/>
7 What else might you add?		

Part II: An example of a list of daily strategies to implement Daniel's Support Plan

Using the Support Plan, write a list of the most important daily strategies. To help you feel prepared and confident to implement the plan strategies, gather together information and resources, and develop the required skills (e.g., find information online or talk to peers).

Tick off the strategy when it has been successfully completed.

Strategies	Ready? <input type="checkbox"/>	MON <input type="checkbox"/>	TUES <input type="checkbox"/>	WED <input type="checkbox"/>	THUR <input type="checkbox"/>	FRI <input type="checkbox"/>	SAT <input type="checkbox"/>	SUN <input type="checkbox"/>
Social stories and role play games about emotions to do with Daniel set up ready to use								
Routine board set up to help Daniel transition between activities at different times of the day								
Quiet space identified and set up in case Daniel needs to use it								
Bubble blowing equipment set up in quiet space								
What else might you add?								

⁵ Adapted with permission from Autism Spectrum Australia (Aspect) (2017) Implementation Checklist.

Notes



For more information and further resources visit:
arts.unsw.edu.au/idbs/resources