

UNDERSTANDING BEHAVIOUR SUPPORT PRACTICE GUIDE

Children and young people
(9–18 years) with disability

Acknowledgements

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About the Understanding Behaviour Support Practice: Children and Young People (9–18 years) with Disability guide

Purpose statement

The purpose of this guide is to assist in the prevention and reduction of the development of challenging behaviour in children and young people aged 9–18 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/young person. It is intended that this guide 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

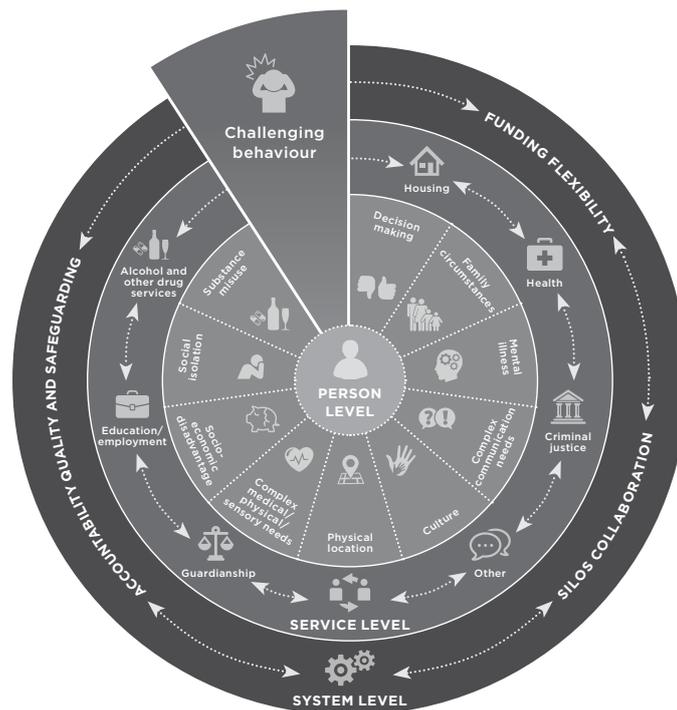
The *Understanding Behaviour Support Practice Guide: Children and Young People (9–18 years) with Disability* guide links with the *Understanding Behaviour Support Practice Guide: Young Children (0–8 years) with Developmental Delay and Disability* guide developed by IDBS and available for download from the website.

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 child or young person with disability, and their family.

The guide is designed to assist practitioners, whether they be behaviour support practitioners or others working with a child or young person, to reflect on their understanding and practice of behaviour support.

Figure 1: Complex Support Needs Flag



Context of behaviour support within a Complex Support Needs framework

Many children and young people 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 or young person 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 children/young people. 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/young person and his/her family. As depicted on the Flag, the context includes not just the child/young person 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/young person's family situation with direct impact on the child/young person. For example, a parent may have an intellectual disability, mental illness, substance addiction or be in contact with the criminal justice system. The child/young person 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/young person 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 children and young people with disability (typically aged 9–18 years). Practitioners include:

- » **Behaviour support professionals** and clinicians who provide behaviour support to children and young people with disability.
- » **Other practitioners** working with children and young people with disability who implement behaviour support practices. These practitioners include teachers, 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 may also act as a reference and clarification guide for current and experienced practitioners. 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.

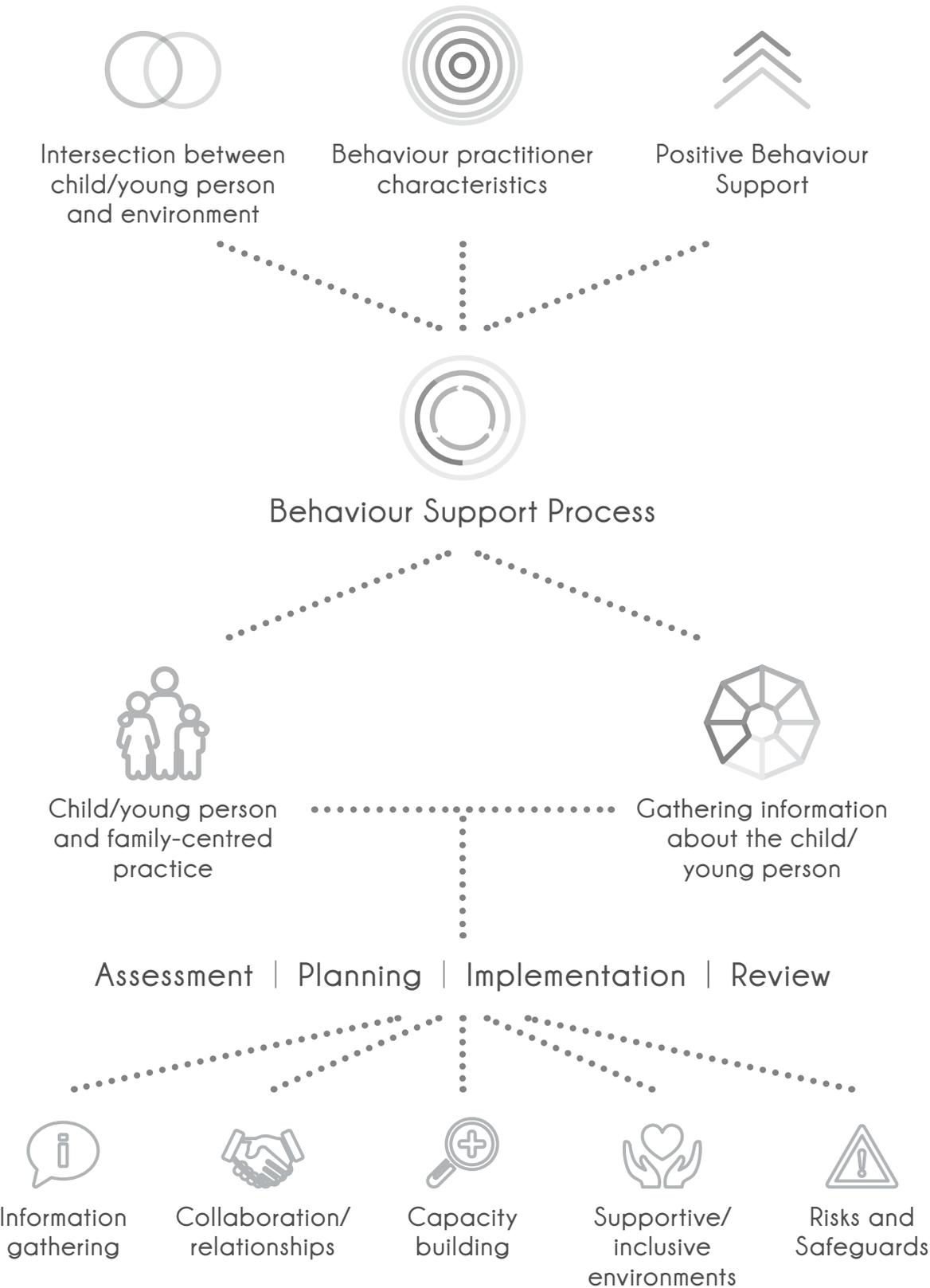
The term **‘family’** is used throughout the guide to include biological family members (e.g., parents, siblings, grandparents and other kinship carers) and non-related people providing care to the child or young person (e.g., foster carers).

The term **‘team around the child/young person’** is used to refer to the family, behaviour support practitioner, and other practitioners and support workers who work closely with the child or young person.

All quotes used in this guide come from interviews with behaviour support practitioners working with children and young people with 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?

Adolescence, and the transition to adolescence, can be a difficult time for children and young people, due to changes that are occurring physically and emotionally and in their environments. It is important not to attribute behaviours to the physiological changes related to puberty, but rather to understand how these changes might influence a child/young person's interaction with their environment and the people around them. Differences between the child/young person with disability and their peer group can emerge at this stage with resulting impacts on sense of identity and self-esteem. Learning to navigate these changes can be challenging, and often children and young people have limited behavioural options available within the environment. As children mature, approaches which recognise their increasing agency are appropriate.

Challenging behaviour can be a barrier to academic, social, and emotional success in the environments the child or young person is a part of. Studies confirm that children and young people with intellectual disability are at a greater risk of developing behaviours that can be deemed challenging. Hence, children and young people with intellectual disability may require extra support in developing and using the social, emotional, and behavioural skills they need to navigate their current and future life stages successfully.

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 or young person is not the one with the challenge – it is the environment around that child or young person that deems the behaviour 'inappropriate' or 'challenging'.

To the child or young person, 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 or young person* 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 children and young people 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/young person and environment

This diagram depicts the interaction between the child/young person and their environment (including interpersonal relationships, physical environment, and services). It highlights that behavioural responses arise as the interaction between the child/young person 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/young person'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/young people 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, 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.

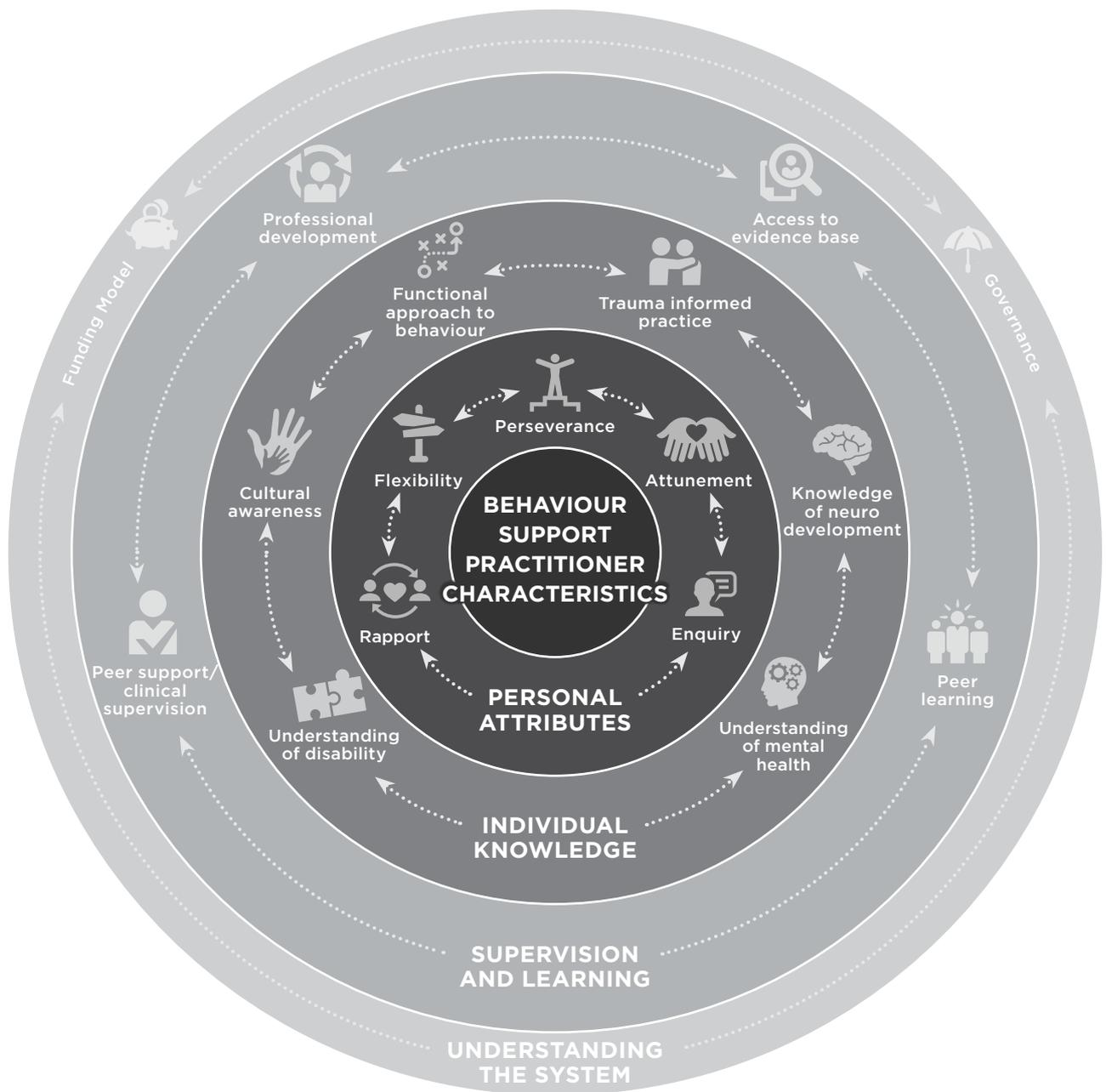
Behaviour support practitioners typically are engaged with a child or young person to conduct functional behavioural assessments, and to write and monitor behaviour support plans. They offer specialist input, advice and support to the child/young person, their family, and others in the child/young person's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

Behaviour support practitioners will have a range of characteristics and skills which they bring to the relationship. Identifying existing practitioner characteristics and skills and gaps, will ensure a 'good fit' between the child/young person, the team around them, and the behaviour support practitioner. Practitioners will find the identified characteristics and skills highlighted in Figure 3 (and described over the subsequent pages) as a useful tool for self-reflection on their practice both generally and in relation to a specific child/young person/family with whom they are working.

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/young person and the team around them. This includes: understanding of disability, knowledge of neuro 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/young person 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/young person 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/young person/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/young person and those around them.



Rapport involves the ability to build trusting relationships with a child/young person and his/her support network. Building this relationship is fundamental to an understanding of the child/young person/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/young person and his/her family and ensuring interventions are responsive to their emotional capacity. Life can be unpredictable and demanding for children/young people 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/young person/family may be feeling especially vulnerable.

Characteristics of behaviour support practitioner

Individual knowledge



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



Knowledge of neuro development involves an awareness of how brain function changes as children and young people grow towards adulthood. During pre-pubescence and pubescence, the child/young person is undergoing changes that may result in more immature and impulsive behaviours. These changes affect emotion, learning ability, self-control and memory. An understanding of the interplay between environmental factors and neurological development encourages practitioners to tailor their interventions accordingly.



Trauma informed practice best practice requires practitioners to acknowledge that any individual can experience trauma and what is considered traumatic is highly subjective. Children/young people 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/young person 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/young person is communicating with their behaviours, and the purpose, or function behind their actions. Challenging behaviours are often the only means available to the child/young person 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. Children/young people can experience symptoms of mental ill-health and some children/young people may need to be referred to a paediatric psychiatrist for assessment.

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, provides emotional space, ensures that the care children/young people and their families receive is ethical and complies with professional and organisational standards.



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/young person requiring behaviour support. The research shows that behaviour best practice takes time, is systematic, 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/young people 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/young person's quality of life, and that of the people who support them, as defined by their unique preferences and needs. Factors that support quality of life 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/young person's, (and his/her supporters') strengths and areas for skill development;
- » Identifying changes to the child/young person's everyday natural environments to support positive behaviour.

PBS is a holistic approach to supporting children and young people in situations where the behaviour that they display is deemed challenging and has 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/young person, 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/young person 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/young person's changing life circumstances.
- » **Collaboration:** PBS recognises that children and young people 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/young person's quality of life. Hence PBS seeks to actively engage and collaborate with the child/young person 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/young person (e.g. parents, teachers) to provide behaviour intervention in the everyday natural contexts or environments in which the child/young person 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/young person 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 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/young person/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/young person 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.

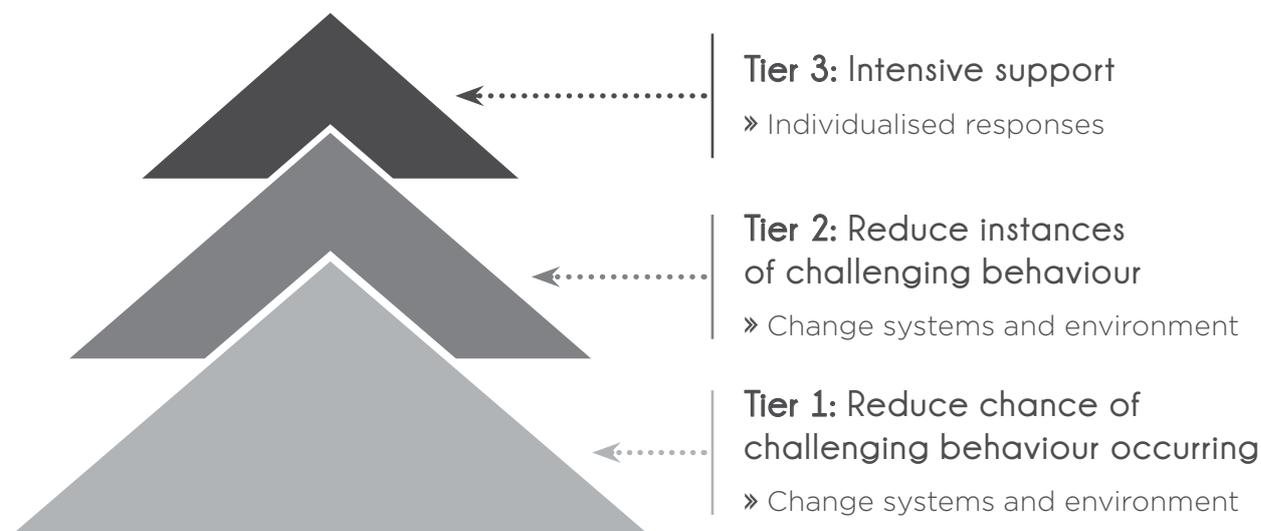
Adapted from Carr, E. G., Dunlap, G., Horner, R. H., Koegel, R. L., & al, e. (2002). Positive behavior support: Evolution of an applied science. Journal of Positive Behavior Interventions, 4(1), 4.

Multi-tier system of PBS

PBS occurs within a wider context and is often delivered to a whole environment such as a school, after school care, 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 or young person 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 or young person (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 and young people, but no intervention works for everyone.

Tier 2: Reduce instances of challenging behaviour approaches also aim to change the environment to support the child or young person 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/young person 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**

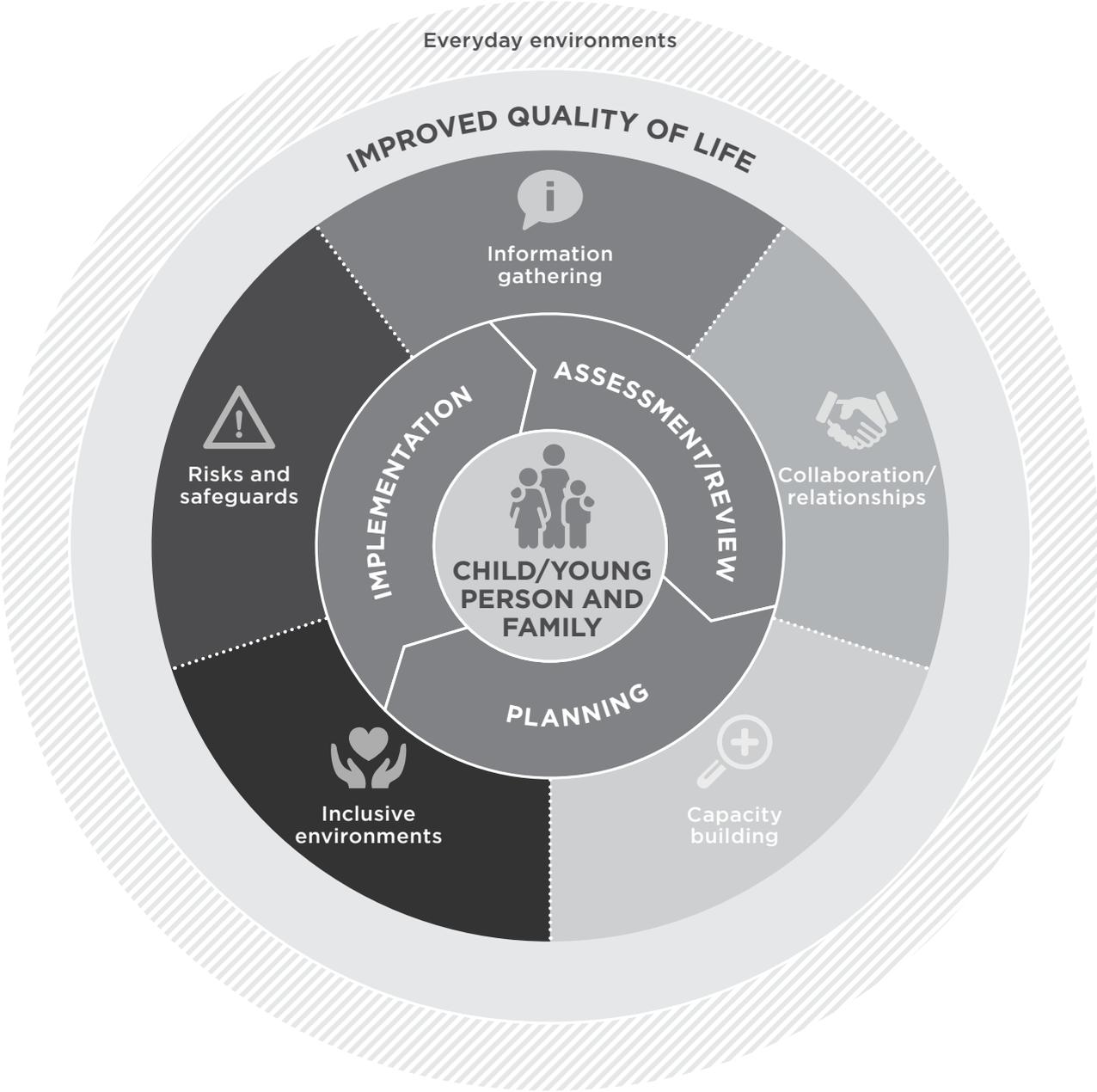
Behaviour support is a *process* and so changes are likely to be gradual rather than immediate.

Across the lifespan, children and young people with disability and challenging behaviour may require intensive support over a lengthy period or intermittent 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/young person are met as his/her life circumstances shift and change. This process has been captured in the Behaviour Support Process diagram.

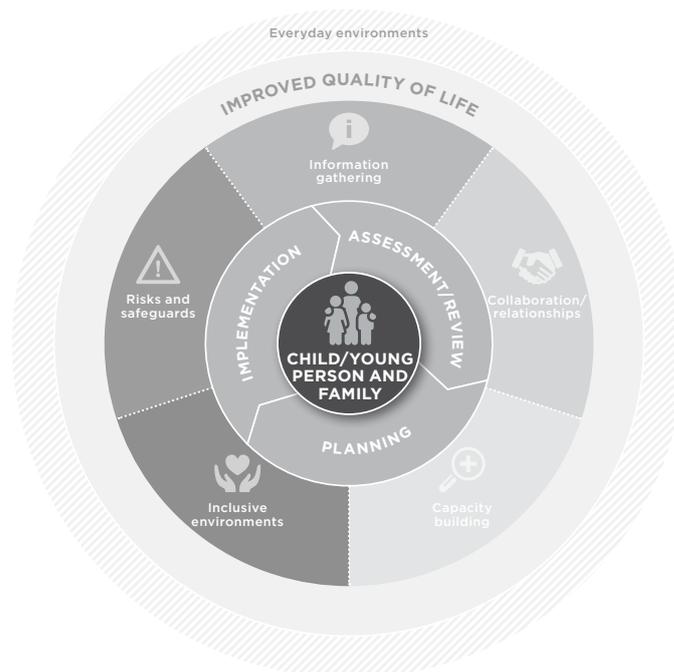
Behaviour Support Process diagram

- » *Inner circle:* **child/young person 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 or young person, and the team around them.
- » *Intersecting circles:* shows the iterative cycles of **assessment/planning/implementation/review**
- » *Middle circle:* identifies the key elements of the Behaviour Support Process – **information gathering; collaboration** between and among the child/young person and the team around them; **building the capacity** of those involved in the child or young person'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/young person, their family and others is the primary focus of PBS
- » *Outer circle:* PBS occurs in and supports the child/young person 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/young person-centred practice

Child/young person-centred practice involves recognising and valuing the child/young person as a unique individual, and respecting his/her human rights as equal with all others. Increases in self-determination and progressive autonomy occur across childhood and are particularly evident as a person enters adolescence. Behaviour support interventions should reflect the child or young person's interests and motivations and, to the extent possible and in partnership with the team around the child or young person, engage him/her in the process of planning interventions.

'As a person enters adolescence they often feel a need to be a little more in control of their own lives ... you can, and probably should, be starting to hand over what happens in that person's life to that individual, and really listening to what it is that they want from their life.'

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

Child/young person-centred practice involves:

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

Family-centred practice

A child/young person 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 or young person. There are additional stressors and strains placed on families raising a child/young person 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.

'They are the expert of 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.'

Caring families are often the constant in a child/young person'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 expertise in their child/young person's life.

Some young people will not have the support of a caring family. In these circumstances, it is important to identify and work with alternative support networks to ensure the child or young person is properly supported.

Literature highlights that family wellbeing has a direct impact on the success of any implemented strategies, as well as the parent-child/young person 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.

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 the child/young person 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 family wellbeing
- » Tailoring interventions and support to the families' capacity
- » Fostering positive parent-child/young person relationships

Gathering information about the child/young person

Information gathering is a key aspect across all elements of the Behaviour Support Process. Information is gathered about the child/young person's past/and or present medical, physical or sensory needs, family circumstances, communication needs, neuro 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. Consent from the parent or guardian will be required to gather information about, and work with, the child/young person. Ideally and wherever possible, the child/young person'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.

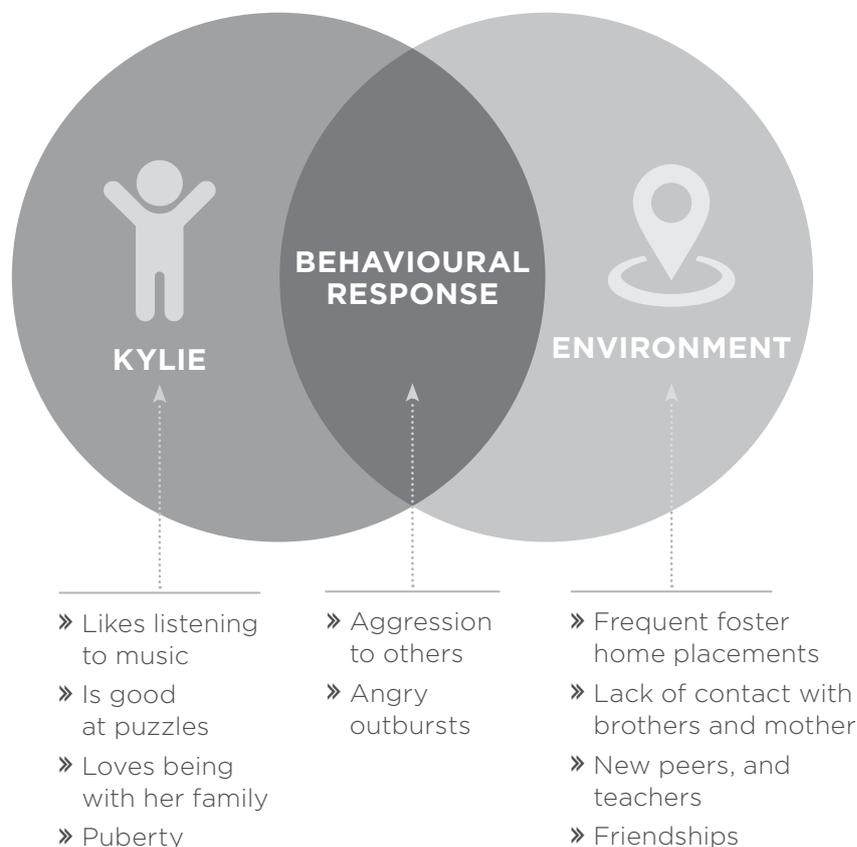
This diagram provides some examples of the questions that might be asked in order to gather information. The questions are not definitive and there will be others.

Behaviour Support Process

Here is a vignette about a 13-year-old girl named Kylie, her family, and support systems. Throughout the guide we use the example of Kylie to highlight the key principles of: **information gathering, collaboration and relationships, capacity building, supportive and inclusive environments, and risks and safeguards.**



Kylie is a 13-year-old girl with an intellectual disability. Kylie's interests include doing puzzles, listening to music, and playing video games. Due to her mother's ongoing mental health and substance abuse problems, Kylie and her two younger brothers have been removed from their family home on several occasions. Often, Kylie's brothers were sent to one foster home, and Kylie to another. This was Debbie and Joe Lane's first experience with fostering, but Kylie's 12th. The Lanes have a 7-year-old daughter, Susan, and live in a suburb far from where Kylie had been living with her family. Kylie's child protection file notes that she is prone to frequent angry outbursts, which often result in both verbal and physical aggression towards whoever is in the room with her. These outbursts have become more frequent since Kylie entered puberty, and have been, on several occasions, serious enough to hurt others, and involve the police. Kylie injured one of her foster siblings in her previous placement, and is currently on a youth supervision order. The most recent outburst happened at school, and involved Kylie hitting one of her classmates.



Assessment

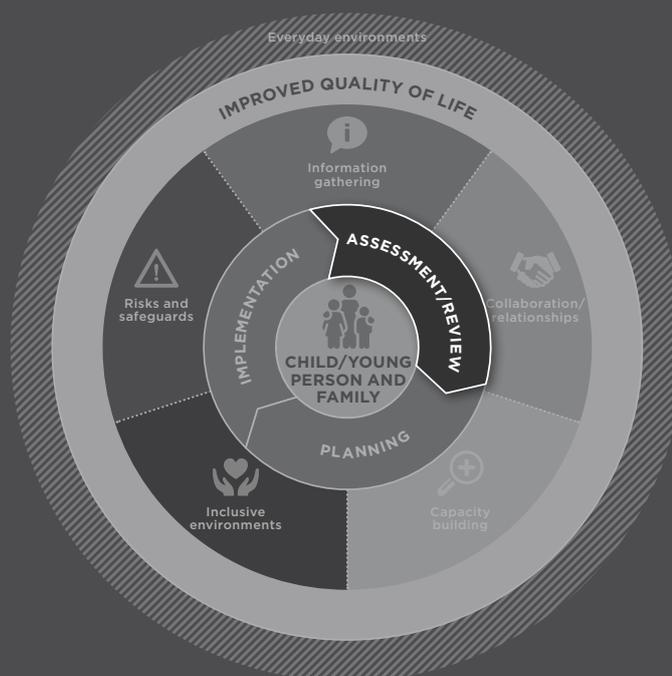
PBS uses **functional behaviour assessment** (FBA) to understand the 'why' of the behaviour that challenges. Recognising that behaviour is a form of communication, FBA involves applying the Antecedents, Behaviour and Consequences (ABC) approach to:

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

FBA will be conducted by a behaviour support practitioner trained in FBA. Other members of the team around the child/young person 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/young person and his/her environment to understand triggers for the behaviour. Information gathering questions may include:

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

'What about puberty? What about relationships? What about social connections? It's not just puberty but relationships and social connection that are really important.'

» Behaviours

Specific data will also be collected on the nature of the challenging behaviour within the child/young person'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?

» Consequences/outcomes

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

-  What are the immediate and delayed reactions from everyone involved?
-  How does the child/young person 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/young person, including the child/young person him/herself, their family, and other practitioners involved in the child/young person's life.
- » The information and perspectives provided by the child/young person's family are crucial to understanding the child/young person and effecting positive change.
- » The other key people in the child/young person's life (e.g., school teachers, therapists, support workers) will also provide valuable information.



Capacity building

- » 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 or young person, 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/young person 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/young person to solve any future challenges early and independently.



Supportive/inclusive environments

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



Risks and safeguards

- » FBA will identify potential risk factors (e.g., triggers) in the child or young person'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/young person 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.

² The relevant legislation can be found at: <https://www.legislation.gov.au/Details/C2017A00131>.

Demonstrating Assessment: **Kylie**

Here we show how FBA is applied to the example of Kylie.

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



Kylie's special education teacher, James, called the Lanes and asked them to come to the school for a meeting. James asked Debbie and Joe if they had observed Kylie being aggressive at home. The Lanes explained that Kylie had only been living with them for three weeks, but that in the last week, Kylie had become verbally abusive to Susan and Debbie on several occasions.



James asked what kind of support the Lanes had access to as foster parents, and if they had been given information about Kylie's disability and support needs. They explained that they had participated in several foster parent training sessions, including positive behaviour support training and another class on supporting foster children with disabilities, but Kylie's records provided little insight to her specific support needs.



They also explained that Kylie had a social worker, Margo, who offered whatever support she could.



Further conversation revealed that Debbie and Joe knew how to teach and model rules and routines, and provide specific praise to provide stability and predictability for Kylie. Despite these supports, Kylie was still having difficulty self-regulating her behaviour. The Lanes also mentioned that Kylie attended monthly sessions with a psychologist, Dr Jenner.



James and the Lanes discussed the people who most supported Kylie at school, home, and the community, as well as other possible supports. They determined that the best course of action would be to address Kylie's support needs as a team to provide consistency and avoid any overlap. They decided that the team should include: Kylie, the Lanes, Robert, one of Kylie's general education teachers, her social worker, psychologist, and her youth justice worker.



James contacted all of the members of the proposed team to explain that he wanted to coordinate a multi-systemic approach to support Kylie in all of the places that she spends



time. The first step to accomplishing this was to determine why Kylie was yelling and hitting other people by conducting a functional behavioural assessment (FBA). This involved speaking to Kylie, observing her in school and at home, and paying close attention to what happened right before the behaviour (antecedent) and directly after (consequence). Margo was chosen to be the one to interview Kylie, as the social worker had the closest and longest relationship with her.



The assessment results indicated that Kylie's aggressive behaviour was due to her seeking predictability, as she was feeling helpless after being moved into a new home and family situation. When Margo spoke to Kylie, she indicated being frustrated at not having seen her brothers or her mother for such a long time. Kylie had told Margo how much she missed her mother, even though she knew that it 'wasn't always good' at home, and worried about her younger brothers 'without me to look after them'. Although she said that the Lanes were mostly nice to her, she was angry and confused about her new house, family, rules, having to change schools, and live so far away from her friends.



Other reasons for her behaviour were possibly escape and avoidance. Kylie gets frustrated easily and sometimes has difficulty understanding what is being asked of her, or dislikes completing certain tasks although she is capable of doing so. The assessment showed that Kylie's behaviour had two functions: escape and avoidance of situations that frustrated her, and an attempt to control her environment and life.



James contacted the team and explained to them that they would meet together and come up with a plan to support Kylie to adapt to her new surroundings and learn some coping skills. He made sure that the team understood that this was a process, and would take some time, as the plan would most likely need to be adjusted as the team and Kylie figured out what worked best for her.

Planning

Based on information gathered and following a comprehensive FBA, the next phase involves the development of a 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 or young person. Assessment by the behaviour support practitioner and the team around the child/young person, of the 'contextual fit' of the plan is important. Contextual fit refers to the match between the written Support Plan and the family and others' 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/young person'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/young person, family and others) during the assessment phase will be used to develop a plan that identifies strategies for 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 or young person.

Collaboration/relationships

- » The planning process includes discussion between the behaviour support practitioner, the child/young person and the team around them, of the potential options for intervention, so that the plan is meaningful and achievable for the child or young person and the people who support him/her. Specific questions to better understand the child/young person's and family's needs will be asked for example:
 -  What does the child/young person 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 child/young person and the team around them 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.

'If the plan is not working for the family or for the school team it's not going to get implemented. It is important that when I'm writing a plan, I write in a way that works for the family or the team.'

Capacity building

- » Planning takes into account the child/young person's neuro-development to recommend strategies or areas for skills development that are realistic, build on the child/young person'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 or young person but to the team around the child/young person (i.e., family and other practitioners).



Supportive/inclusive environments

- » Plans addressing the variety of settings in which the child or young person interacts will be tailored to his/her interests and motivations. They will include activities which are meaningful to the child or young person, reflect their likes and motivations, and occur with peers 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 children and young people with intellectual disability and/or complex communication needs and those with whom they are interacting to enhance communication and relationship building.

‘Not only does the system get more complex but I think the supports and the informal supports around 9 to 18-year-olds actually decrease significantly. School holidays activities, programs particularly in middle adolescence, supports for kids going through puberty. All the early intervention services drop away. Then you have kids whose increasing sense of autonomy is, “I don’t want to go to hang out with the ten-year-olds.”’



Risks and safeguards

- » Sometimes the incidence of behaviour becomes worse before it improves as the child/young person tries to work out how to still get his/her needs met. Planning safeguarding strategies helps to minimise escalation of behaviour and reduces the risk of harm to the child/young person 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 or young person becomes physically violent towards self or 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.

‘Social media, bullying, any of those sorts of things really impacts on that age group and their self-perception and their perception of the world and their understanding of what the world should be.’

Demonstrating Planning: Kylie

Here we show how Planning is applied to the example of Kylie. See Appendix 1 for a sample Support Plan for Kylie.

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



James brought the team, including Kylie and the Lanes, together for a meeting at the school. The purpose of the meeting was to talk about the results of the FBA and come up with strategies to support Kylie in finding more appropriate ways to respond to her environment. Before the meeting, James talked to Kylie about what the meeting was for, encouraged her to participate, and provided her with visual supports that would assist her in doing so. Kylie was excited about being a part of the meeting, and said she thought it was good, as usually 'adults just move me around and tell me what to do; no one ever listens to what I want'.



The team developed a plan to support Kylie at home, in school, and at visits to her youth justice worker, psychologist, and social worker. Kylie said that she wanted to make her own decisions, so the plan included giving Kylie opportunities to make choices and exercise her independence. Kylie was very clear that seeing her family was fundamentally important



to her quality of life, so scheduling regular visits with her brothers, and her mother (when possible) was also written into the plan. The team hoped that these aspects of the plan would give Kylie control, and lessen her frustration (see the example Support Plan in Appendix 1 for details). Kylie was happy to take on a more adult role, so together she and the Lanes negotiated a set of responsibilities, including making it to her regularly scheduled meetings with her therapist and youth justice worker.



Kylie was very happy to be a part of the planning meeting, and said that she understood that the strategies discussed for the plan were to help her feel better and cope with her new situation.



James also stressed the importance of collecting information to see if the plan was working, and assisted Debbie and Joe, Margo, and Dr Jenner in finding a way to do this that worked for them all.



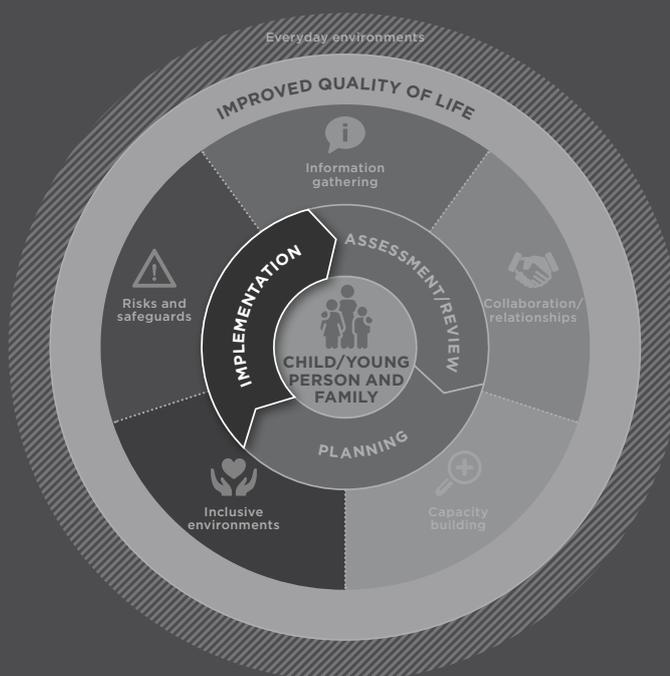
They also planned a series of team meetings, scheduled six weeks apart to review Kylie's progress and the effectiveness of the plan.

Implementation

In PBS, it is the child or young person's family, and other people within their everyday environment, who implement the Support Plan rather than the behaviour support practitioner. As the young person gets older they will want more autonomy. This may require a shift in thinking for many in the child/young person's support network.

Involvement of members of the team around the child or young person increases the likelihood of behaviour support success as consistent implementation across all the everyday environments in which the child or young person 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.



‘Obviously dignity and respect is a big one for that age group as well. We’re starting to move into the stage where we’re wanting to see them become more independent where possible, we’re encouraging those more natural skills in limiting any outbursts, emotional regulation, that kind of stuff.’

What does Implementation look like in practice?

Information gathering

- » Data gathered during implementation of the Support Plan will mean the plan is consistently monitored and evaluated and necessary changes made.

'Some of the other skills that are really important are how you present information, being able to work with parents on how to approach their children at that age, working with schools is very important, high schools are different again to primary schools.'

Collaboration/relationships

- » The strong collaborative relationships built with the child or young person and the team around the child/young person 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 or young person'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.

'I think it's really important that... it's done in a very collaborative way. That it's not done to these children 9-18. It's done as far as possible with them and then with their families or alternate carers and their schools.'

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 or young person's understanding of routines and expectations.
- » Training may include checklists, modelling, use of feedback videos and encouragement to help members of the team around the child or young person to become effective implementers.
- » These capacity building activities are likely to provide members of the team around the child or young person 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 or young person interacts so opportunities for learning are enhanced along with quality of life.
- » The members of the team around the child or young person will know the most practical and achievable modifications required.



Risks and safeguards

- » Skill building activities will include ways to support the child or young person 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 or young person away from situations that he/she finds stressful (also called de-escalation strategies).

Demonstrating Implementation: Kylie

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

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



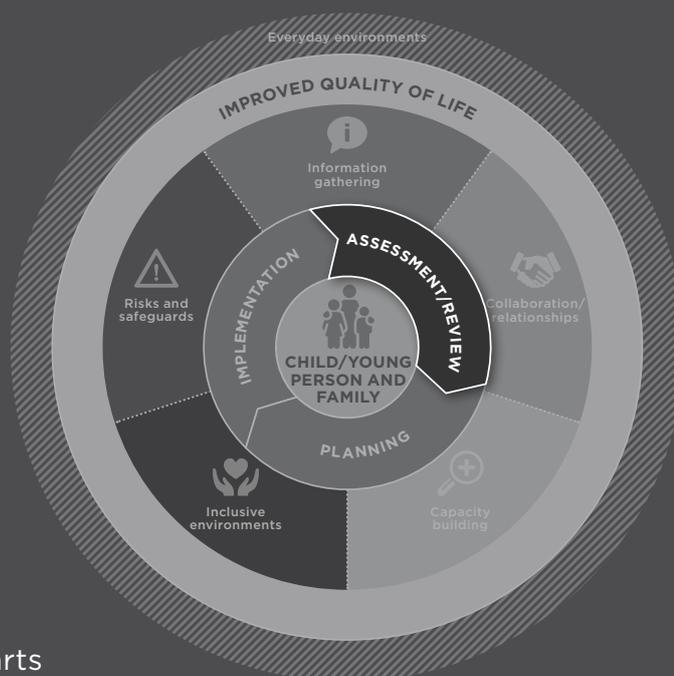
Debbie and Joe had learned to effectively implement some basic strategies to support Kylie in remaining calm when she starts getting frustrated. They began by making sure that Kylie's support needs were met and she had ways to express herself. With James and Kylie's assistance, the Lanes created some visual supports to remind Kylie of chores and responsibilities, scheduling, and a series of 'mood' pictures to express how she was feeling.



Next, Debbie and Joe created rules and routines to provide stability and predictability for Kylie. They taught Kylie each expected behaviour, modelled it for her, and provided her with specific praise when she met the expectations. In order to be consistent, the rest of the team had rules that were very similar to the home rules. The team often communicated via email to make sure that everyone was on the same page.

Review/re-assessment

It is crucial that 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 or young person's family and support network. In effect, this means re-assessing the child or young person's situation and the Behaviour Support Process starts again. Strategies and skill building activities are updated or added and a new plan is developed.



Where the processes of behaviour support have been effective, the strategies used to achieve that success become integral to the child/young person'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/young person 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/young person, family and other supports to achieve behaviour change.

'We review the data and review the strategies that we've put in place. We've always got the data to say, "This is what is working and this is what is not working".'

Demonstrating Review: Kylie

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

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

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



Despite her foster parents and other team members implementing these supports for a month, Kylie was still having outbursts that included verbal and sometimes physical aggression. James called home several times, out of concern that Kylie's behaviour was also happening at school. Debbie and Joe were not sure what else they could do to support Kylie, so decided to seek the help of the team, and asked James to call a meeting sooner than the agreed-upon six weeks.



At the meeting, each team member presented the data they had collected. They could all see that, although Kylie's behaviour had improved, she was still having difficulty controlling her actions when she was frustrated. Kylie confirmed this, saying, 'I feel better sometimes, but sometimes I just get really mad and want to hit someone'. They discussed some additional strategies, including social skills and self-regulation instruction. They also assigned Kylie a school mentor to meet with her every morning and help her set goals, and then meet again at the end of the school day to talk to her about how she went. The Lanes would then receive a daily progress report, increasing school-home communication.



Six months later, things are improving. James and the Lanes continue to implement the strategies in the Support Plan and the team is still collecting data. Kylie has regular visits with her brothers and has seen her mother twice. Once Kylie had the chance to meet and get to know Debbie's parents, they started to take both her and Susan on day excursions once a fortnight, to allow Debbie and Joe to have some time alone together. Kylie looks forward to the excursions and has been spending more time with Susan at home also, doing puzzles and playing video games. The school team are learning how to better support Kylie, and Kylie now knows and trusts James and her mentor enough to ask for help when she starts feeling frustrated.



In summary

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

Following assessment, PBS involves development of a plan with clearly articulated, written preventative approaches, strategies for promoting success, and strategies for intervening when necessary, using a multi-tiered continuum of 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/young person and their family. Practitioners will be supported through clear behavioural guidance policies and procedures, and good mentoring and supervision systems.

The important components of PBS are represented in Figure 7.

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/young person 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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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 person, ideally with their involvement, review and consent.
2. It should be part of a team approach.
3. It should focus on a child/young person's quality of life rather than only on the reduction of challenges.
4. It should understand the whole child/young 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/young person 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 Kylie (the example young person 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 Kylie.
It is envisaged that this will be readily available to all people working with Kylie.
2. a more comprehensive Support Plan that details information about Kylie and strategies for helping her to remain calm. This includes a 'traffic lights' system. This plan will be used by those who work closely with Kylie.

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

Kylie's Support Plan

Date of this plan: 01/06/2016

What's important to me

- * Seeing my brothers and Mum
- * Being listened to
- * Being supported to express my frustration in an acceptable way
- * Being in a stable home environment.

Things I like to do

- * See my family
- * Listen to music
- * Puzzles
- * Play video games

What people like and admire about me

- * I like to make people happy
- * I can be fun
- * I'm great at doing puzzles
- * I love listening to music

When spending time with me remember to...

- * Use visual supports
- * Explain what is going on and what you expect of me
- * Ask me what I think and what I want to do
- * Talk to me like an equal

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 space
- * Encourage me to listen to music or do something else I like

This document provides guidance to the people who support Kylie. This is a working document, and can be amended at any time. It's important that the people who support Kylie 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 Kylie has experienced a lot of changes in her life and she is growing, changing and learning each day, so these strategies may need to be modified accordingly.

PBS is a 'team based approach' and this list of people constitute the 'team around' Kylie who take on active on-going roles to improve her quality of life. Kylie is an integral member of this team.

People who contributed to this plan:

- » Kylie
- » Debbie and Joe Lane (foster parents)
- » Margo (Social Worker)
- » Dr Jenner (Psychologist)
- » James (Special Education Teacher)
- » Victoria (Youth Justice Worker)
- » Robert (General Education Teacher)



About Kylie

Kylie is 13 years old and lives with her foster family, Debbie, Joe and Susan Lane. Kylie has had a lot of change in her life and, as she gets older, she wants to have more involvement in what happens in her life. She enjoys listening to music, doing puzzles, and playing video games.

Kylie has two brothers who are now living in a different foster home. Kylie's mum lives separately and has a drug addiction and mental illness. Kylie doesn't get to see her family as much as she would like to.

Kylie has been diagnosed with an intellectual disability, and this means it takes her a bit longer to learn things.

Kylie uses verbal language, but finds it helpful to also use visual supports to reinforce her understanding.

Kylie's favourite things

Kylie loves seeing her brothers and mother. She also loves listening to music, and enjoys doing puzzles and playing video games. Once Kylie gets to know someone, she can be very affectionate and loving and responds well to praise.

Things that Kylie struggles with/behaviours of concern

Kylie is slowly settling into her new home with the Lanes. She has lived in 12 different foster homes and worries that she may get moved again. She is fed up with moving houses and schools and having to make new friends and learn new rules. Kylie is wary of getting close to people in case she then has to move again.

Kylie has trouble accepting rules and taking responsibility for her behaviour. She can become frustrated and angry when things don't go her way or she doesn't understand what is happening. During these times Kylie can get verbally abusive and hit other people.

Behaviour	Possible Meaning	Suggested Support Strategy
Being verbally abusive	<ul style="list-style-type: none">• Feeling helpless• Feeling frustrated• Unmet needs• Not happy with what's happening• Unsure how to get message across	<ul style="list-style-type: none">• Modelling a calm voice• Encouraging Kylie to listen to music on her headphones
Hitting other people	<ul style="list-style-type: none">• Feeling angry• Feeling confused• Feeling frustrated• Unsure how to get message across	<ul style="list-style-type: none">• See traffic light response strategies

Goals

1. Kylie will be supported to build positive relationships with those around her including peers.
 2. Kylie will learn strategies to help her calm down and relax when she starts to feel upset or angry.
 3. Kylie will be responsible for doing the chores around the house which she has agreed to.
 4. Kylie will meet with her school mentor each day as agreed.
-

To meet these goals, the people supporting Kylie must:

- Create a sense of shared understanding of her history and what has contributed to making her who she is.
 - Recognise her role within her family unit, and the importance of her Mum and brothers in her life.
 - Be committed to understanding Kylie and why she is struggling to understand some things.
 - Focus on Kylie's strengths, motivations and interests to encourage her to learn new skills.
 - Be a good role model of how to interact and communicate with people.
 - Understand that Kylie needs routine and responsibility with opportunities to exercise choice and control.
 - Be familiar with this plan and how to implement strategies, and be part of ongoing reviews.
 - Share any new information with others who support Kylie.
-

Encouraging the desired behaviour and environmental supports

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

• Making Choices

Provide Kylie with different choices to complete assignments at school, and chores at home. For example, choice in which task to complete first, or choice in the manner it is completed. When making requests for Kylie to complete school assignments or do her chores at home, she needs extra time to understand what is being asked of her.

• Visual supports

Use visual supports so Kylie is clear about her responsibilities and chores. Use mood pictures to help Kylie understand and express her feelings.

• School mentor

Provide Kylie with a mentor at school who she will meet with first thing in the morning and at the end of the day. Checking in each day with the school mentor will provide Kylie with stability and predictability especially as her relationship with the mentor develops. The mentor will assist Kylie in setting daily goals, acknowledge the positive things she has achieved, and provide her with a progress report to take to her teachers throughout the day. The Lanes will also get the progress report and mentor notes each day so they can discuss the day with Kylie. Goals for the evening/weekend at home can also be added.

- **Token economy reward system**

Using a token economy reward system will help Kylie learn to take responsibility for her actions at home and at school. This system will tie in with her school mentor. Points will be earned at home for a positive progress report from school, and for completing chores and meeting expectations at home. At the end of the week, if she has earned 80% of her possible points, she can choose a reward from a list generated by Kylie, Debbie, and Joe. When she earns 80% of her points for 6 consecutive weeks, the system will be adapted and modified to help Kylie become more independent.

- **Listening to music**

Listening to music on her headphones helps Kylie to feel calm and happy. It is important to encourage Kylie to engage in this activity when you start to see the early signs of her frustration.

- **Positive verbal feedback**

Kylie responds well to positive verbal feedback. Make sure to tell her when she does something well or is trying hard.

- **Developing social skills**

Kylie's special education teacher will work with her on developing her social skills so she can interact with others without becoming angry. A combination of direct instruction, modelling, practicing, and non-verbal cues will be used. All team members will re-enforce these strategies with Kylie.

Traffic light response strategies for Kylie

These strategies should be used as a guide when supporting Kylie if her behaviour is escalating. These strategies should be used in combination with positive practices. Emphasis should be placed on helping Kylie to stay in the 'green zone' and to implement the 'orange' strategies in enough time when those warning signs appear.

What you see...

When Kylie is feeling calm and relaxed, she is:

- Engaging in activities
- Interacting with peers appropriately
- Making eye contact with others
- Having relaxed facial gestures, smiling

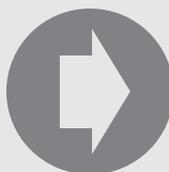


What you do.....

- Provide positive verbal feedback (e.g., 'great work Kylie' 'thanks for doing the washing up, Kylie').
- Support with visual cues and gestures (e.g., smile and thumbs up)
- Use visual supports and mood pictures

When Kylie is starting to feel frustrated:

- Facial expression becomes taunt and fixed
- She avoids eye contact
- She will clench her jaw and fists
- Her breathing rate increases
- She swears at other people

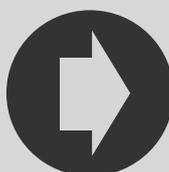


To support Kylie to calm down:

- Talk to her in a quiet calm voice
- Give her more time to respond to requests
- Ask her to count to 10
- Offer a preferred, alternate activity (e.g., listening to music, doing a puzzle)
- Suggest she goes to a quiet place

When Kylie is frustrated:

- She will raise her voice and scream or yell at others
- Her movements become fast and jerky
- She may hit other people

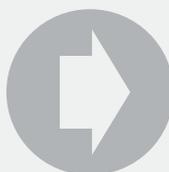


To keep Kylie safe and support her to calm down:

- Use a reassuring tone and say 'Kylie, calm down, take a deep breath and think about what you want to say'
- Prompt her to use the skills she has been learning to calm herself down

Recovery:

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



To support recovery:

- Be around but not 'in her face'
- Keep talk to a minimum. She may like to listen to music
- Return to routine slowly
- Debrief the situation with her and discuss how she could handle this better next time

Appendix 2: Implementation checklist ⁵

Part I: An example of the list of tasks to do in relation to Kylie'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: Kylie

Task	Who is responsible/when	Task completed
1 Buy card, Velcro, make and laminate visual support cards for school (making choices, expressing feelings)	James (Special Education Teacher) with Kylie 10th June	<input type="checkbox"/>
2 Buy card, Velcro, make and laminate visual support cards for home (chores, making choices, expressing feelings)	Debbie & Joe Lane (foster parents) with Kylie 17th June	<input type="checkbox"/>
3 Set up system for token rewards	James, Margo (social worker) and school mentor 17th June	<input type="checkbox"/>
4 Buy iPod and headphones for listening to music	Kylie and Debbie 24th June	<input type="checkbox"/>
5 What else might you add?		

Part II: An example of a list of daily strategies to implement Kylie'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?	MON	TUES	WED	THUR	FRI	SAT	SUN
Meeting with school mentor morning and afternoon	<input type="checkbox"/>							
Token reward system used	<input type="checkbox"/>							
Visual supports used in making choices and managing emotions	<input type="checkbox"/>							
Daily opportunities to use social skills	<input type="checkbox"/>							
What else might you add?	<input type="checkbox"/>							

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

Notes

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Notes

A series of horizontal dotted lines for taking notes.



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