

Guidance on Completing the Behaviour Support Plan

A Behaviour Support plan is a document created to help understand and support individuals with behaviour which might cause them or others distress or harm.

Individuals have their own history and personality which will result in different reactions to stress. These individual differences need to be reflected in the way they are supported.

The purpose of the plan

The purpose of this plan is not to be overly prescriptive to staff supporting individuals with their behaviour; individual relationships will influence and shape the strategies we use to support them. An approach which might work for one member of staff, may not work for others. Therefore we have used the terms 'avoid' and 'attempt' throughout the plan as this is a guide to approaches that have been identified as being either helpful or unhelpful in supporting a particular individual.

Developing the plan as part of a team alongside the individual and/or those that know and care about them will provide a holistic view of the individuals needs in supporting them with aspects of their behaviour. The plan should be a live document; reviewed as part of the debrief following incidents and on a regular basis with the individual and others involved.

Stages of behaviour

The traffic light system can be helpful in understanding of the different stages of behaviour. Colour coding a behaviour support plan using this format can be a very useful way of clarifying the different stages of the behaviour. Using the traffic signal analogy, an individual's behaviour moves from 'typical' – baseline behaviour' (**green**), to a level that indicates that they are possibly becoming more anxious/distressed (**amber**) the occurrence of the distressed behaviour itself (**red**). After the incident, the individual will be in the recovery phase (**blue**).

The aim of the support team in offering behaviour support is to recognise when an individual is moving into the amber zone. This allows staff to respond proactively with the aim of de-escalating the situation before the person goes into crisis (red zone).

Completing the Plan

Please find below guidance on how to complete the Behaviour Support Plan information on considerations is held within each section of the support plan.

Baseline behaviour (green**)**

This section should provide an understanding of how the individual presents under normal circumstances. For many reasons, some of the people we support may have a constant level of stress and anxiety, although the reasons for this may not be obvious. An understanding of an individual's baseline behaviour can help staff to identify the early warning signs that all is not well and intervene early.

For the individual to remain at baseline behaviour there may be some supports/routines that the individual needs on an on-going or day to day basis. There may also be some situations or actions that should be avoided to reduce the risk of resulting additional stress or anxiety.

Escalation Phase (amber)

This phase is where the behaviour moves further away from the baseline and becomes more intense. Types of behaviour might include shouting, verbal abuse, swearing or being unresponsive to support. Use of strategies to decrease anxiety should continue but the more intense the behaviour, the less likely it is that the person will respond rationally.

Crisis (red)

The crisis phase is when the individual becomes increasingly physiologically, emotionally and psychologically aroused and they are less able to control their impulses and they move into high risk behaviour. In this section detail the types of behaviour individuals may display which potentially, or actually, will cause physical or psychological harm to themselves or others.

Recovery (blue)

The recovery phase is the period when the individual becomes either physically or emotionally exhausted. Individuals may be upset, distressed or withdrawn at this stage their needs will be very individual; this should be detailed in this section. Some may need reassurance; others may need space and time. Although the individual may appear calm it can take up to 90 minutes for individuals to return biologically and psychologically to their previous baseline level. Caution should be taken when supporting the individual to return to their normal activities.

Physical Intervention Strategies

This section must only be completed where agreement has been reached that Physical Intervention Strategies are appropriate to the need of the person being supported.

It is crucial that this particular section of the plan must be reviewed and updated after every incident where physical intervention has been used. Staff should sign and date that they have seen changes.

Key Pointers in developing a plan

- **Use language which is accessible and jargon free**
- **Provide clear, factual information**
- **Be detailed and specific – what does the person need from staff?**
- **Involve the individual and those who know and care about them at every stage of the planning process and on an on-going basis**

Review and update on a regular basis

BEHAVIOUR SUPPORT PLAN

Name of individual		Place
Name of Person Completing PBS Plan		Photo
Names of those involved in completing the plan		here Name

Background Information (Highlight key aspects of individual's history that has led to current situation and any conditions that may potentially impact on the support the individual requires e.g. harmful relationships, multiple placements, ADHD, Autism, trauma, etc.)

Background Information

This section should consider some of the following: how factors such as gender, religion, cultural or ethnic background, developmental delays, health issues, family background and previous history etc., can affect behaviour and influence decisions regarding staff response. This list is not exhaustive however; a broader knowledge of an individual should assist staff to understand some of the influences on the individuals presenting behaviours.

Strengths and Abilities (Highlight the individuals current particular coping strategies regarding self regulation and ability to manage their own behaviour e.g. leaving the room - use of time and space away, use of calming techniques themselves – deep breathing, seeking staff support)

Strengths and Abilities

This section should highlight coping behaviours which the individual has developed in order to manage anxiety or stress. Individuals coping behaviours should not present additional risk to the individual or others. Examples of coping behaviours include:

- initiating their own time and space away (which initially could involve some shouting and door slamming but never the less they are removing themselves),
- seeking staff support (although this might not be obvious; following staff around),
- some ritualistic and repetitive behaviours (finger flicking, pacing, rocking etc. which might not seem obviously helpful to an observer but works for the individual).

These are strengths and abilities that we would plan to build upon with the individual with the aim of them being more independent in regulating their response to stress.

Current Issues (Highlight individual's plans for the immediate future, relationships with family members or key individuals in their life and contact arrangements)

There may be situations at this time that are impacting on an individual's life that we need to consider when understanding and supporting them with their behaviour. Some examples of this might be worries or disappointments relating to family, other relationships, unemployment, financial and health.

Describe known/current challenging behaviours (List behaviours that put the individual or others at risk e.g. scratching, biting, hitting, inappropriate sexualised behaviours or self-harm)

Known	Current
<p>This section aims to provide information about previous and known behaviours which have impacted on the emotional wellbeing or physical safety of the individual or others around them. The purpose of detailing previous behaviour is to provide an overview of the individual's behaviour over the course of time. This might demonstrate changes in the behaviour of the individual; either an increase or reduction of risk in the individuals response to stress and anxiety. It is also important to acknowledge that previous responses might re-emerge.</p>	

What are thought to be the functions of the behaviour(s) described above

<p>This section should be used to detail what needs is thought to being met by the behaviour</p>	
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Developing alternative behaviours

New skills being worked on

This section focuses on the support we are providing to individuals to develop new skills or strategies in how they communicate their needs and cope with stress. This should be an active aspect of an individuals' support plan where they currently have reactions to situations or feelings which could limit theirs or other peoples' lives. A key focus for the individuals' support team would be to reinforce the use of new responses and behaviours which they have been teaching and rehearsing with the individual. An example of this would be the use of Makaton as a cue, encouraging the individual to take themselves away from situations that are feeling stressful. Clearly the support team can make a big difference with their approach as relationships grow and develop with more understanding of the needs of the individual.

How will progress be supported and recognised (positive reinforcement/praise)

Staff can make a difference by:

Listening and responding with respect

Providing resources

Building rapport and relationships

Inspiring commitment

Sharing power and decision-making

Respecting personal space and time

Discovering and uncovering potential

Offering emotional/developmental support

Establishing structure, routine and expectations

..... Green Strategy

Behaviour What does, says and looks like that gives us clues that he is calm and relaxed	Support Strategies The things we do or say that keep in the green for as much time as possible
<ul style="list-style-type: none">• Gabriel will smile and laugh• He will happily make eye contact and will communicate with you and respond positively• He will initiate contact and want to join in with what others are doing.• He will bounce up and down on his knees• His body language will be relaxed• He may move around quite fast whilst making an eeeeeeeeeee kind of sound• He may dance• He will bang his object on the floor• He will blow raspberries on himself and others• He will do roly poly's!	<ul style="list-style-type: none">• Give Gabriel regular positive feedback and encouragement• Always try to use positive language even when he is doing something you would rather he didn't e.g. oh that is mummy's precious book, let's find your book• Use simple, clear language• Make sure that Gabriel has the opportunity to do something outside of the house at least once a day• Support Gabriel to access what he wants using his PECS system or with his tablet• Make sure that at least once an hour you spend some one to one time with Gabriel e.g. reading a book, a massage• Make sure that Gabriel has his chewy tube to carry around• Make sure that if you have to ask him for his chewy tube for a certain period of time e.g. meal time/bath that you tell him clearly when he will get it back e.g. dinner and then chewy tube• Regularly practise using the PECS system with Gabriel• Give Gabriel plenty of opportunity to walk independently and make sure if out for a walk as a family/group you go somewhere where he is going to have this opportunity• Give Gabriel plenty of time to process what you have said to him before asking again• Make sure that Gabriel has all his medication so that he does not become constipated <p>Give plenty of opportunity to listen to music</p>

Known Setting Events

Internal e.g. Hunger, Worry, Pain	External e.g. Staff/shift change, Too noisy/quiet
<p>A setting event is anything that increases a person's level of anxiety or makes a person more sensitive to and less tolerant of people, environments and situations. This may increase the likelihood of behaviours of concern occurring at a later point. Some examples of setting events could be pain, sleep disturbance, hunger, medication changes, noise levels, crowded conditions, staffing patterns/changeovers, transitions.</p>	

Known Triggers/Antecedents (What immediate events are likely to trigger challenging behaviours)

It is not always easy to know what triggers an incident and it might seem that the agitation or aggression may appear to have 'come from nowhere'. Behaviour can be a response to external triggers in the environment and/ or internal triggers i.e. thoughts/feelings/. Certain circumstances (or combination of circumstances) , may act as triggers that could increase anxiety/stress leading to , escalation of the individuals behaviour. Any known triggers should be detailed in this section.

Triggering Phase (What are the warning signs that the individual is becoming angry or aroused.E.g. pacing, staring etc.)

The triggering phase is where the behaviour starts to move away from the baseline. Sometimes these early signs may go unnoticed. In this section of the plan you should detail what the signs would be that the individual is starting to become agitated. These are early warning signs which may go unnoticed. In this section detail what the signs would be that the individual is starting to become agitated. Types of behaviour individuals may display will be specific to them, but examples could include; raised voice, tensing of body, fidgeting. At this point a range of strategies/ supports/ routines should be used to try to decrease the anxiety. If no action is taken, this behaviour may escalate and become more intense.

..... Amber Strategy

<p>Behaviour</p> <p>What does, says and looks like that gives us clues that he is becoming anxious or aroused</p>	<p>Support Strategies</p> <p>The things that we can do or say to stop the situation from escalating further and return to the proactive phase as soon as possible.</p>
<ul style="list-style-type: none"> • Gabriel will shout • He will clench his fists and vocalise in a high pitched voice. He will usually adopt a W sitting position at these times • He will come and seek you out if you are not in the same room • He may become tearful and want to sit on your lap • He will shake the stair gate • He will cast things • He will be unwilling to engage in positive communication <p>He will appear distracted and will be unable to concentrate or make eye</p> <ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Ask Gabriel if he would like help with whatever it is he is struggling with or trying to access • Offer to scratch his back • Ask him to blow a raspberry on your hand/arm • Support him to access what he wants with his PECS system or through MAKATON • Try to distract Gabriel by offering an activity e.g. listening to music, playing drums or reading a book • Initiate some rough and tumble play with Gabriel • Place Gabriel in an upside down position or swing him around whilst supporting him under his arms with his head against your chest • Ask him if he wants a bath • Ask him if he wants to go to his room and play his drums • Cuddle up with the cuddle blanket • Watch live music videos on the iPad • Sing songs with Gabriel or make funny noises e.g. animal noises • Distract Gabriel with some different toys or read a book with him • Tickle him • Bouncing on the trampoline • contact • He will lay his head on the side of the sofa

..... Red Strategy

Behaviour

What does, says and looks like when he is challenging.

- Gabriel will rock against furniture or the door etc.
- Gabriel will vocalise in a way which sounds like a high pitched growl or a very loud shout.
- He may be crying.
- He will cast objects.
- He will bang his head on the floor or against the furniture.
- He may come up to you and bang his head on you e.g. on your knee.
- His body language will be very tense.
- He will usually be sitting bolt upright.
- He may hit himself on the head with a closed fist.
- He may pull hair, pinch or slap bare skin.
- Gabriel may become very clingy and will want continual contact.

Support Strategies

The things that we can do or say to quickly manage the situation and to prevent unnecessary distress, injury and destruction.

- Stay calm and reassure Gabriel that you are going to help him.
- Make sure only one person talks at a time.
- If Gabriel is seeking to comfort himself by banging his head encourage him to cuddle his teddy bear instead.
- Distract Gabriel with a favoured object.
- If he is seeking sensory feedback encourage him to bang his hands or feet instead.
- If he is pulling hair or pinching etc say to him 'kind hands' and support him to stroke hair or arms etc.
- Say 'LOOK' in a really excited voice and then distract him with a chosen object.
- Don't make reference to the behaviour but stop him doing it. For example if he is hitting himself take his hand and say 'high 5'

..... Blue Strategy

Behaviour What does, says and looks like that tells us that he is becoming more calm	Support Strategies The things that we can do or say to support to become more calm again and return to the proactive phase.
<ul style="list-style-type: none">• His posture will become more relaxed• He will make more eye contact and will interact with you• He will seek out attention from a preferred person	<ul style="list-style-type: none">• Have a cuddle with the cuddle blanket• Offer a massage or scratchy back.• Make sure Gabriel has a preferred object• Gabriel's 'blue' phase appears to be fairly quick and once he has had a few of minutes of recovery he is usually back in the green phase The exception to this is when he has been struggling to communicate what he wants. In these circumstances wait until he is calm and communicative and support him using PECS or MAKATON to access what he wants

Do we need to consider the use of physical intervention yes/no?

Physical Intervention/Restraint Strategies

Recent use of techniques (Describe situations where CALM techniques have had a positive outcome - please include 'T' number and technique.)

This section should outline which techniques have had a positive outcome for the individual previously; in reducing the risk of harm to themselves or others. There is still a need to assess a situation as it is happening. Staff will need to exercise their judgement on whether they should physically intervene. The use of a technique must be proportionate to the behaviour.

CALM Techniques which must not be used (List and described reasons why these techniques should not be used)

This section should detail also any CALM techniques identified which would be unsafe to use with an individual e.g. due to a medical condition or contra indications from particular medications.

Restraint reduction progress

This section should be used to detail planned reduction of incidents that involve Physical intervention/restraint and how this will/has been measured

Immediate follow up support (Describe how best to support the individual immediately following the incident)

Reflection (Describe how best to acknowledge the individuals distress, reassure and rehearse alternative strategies. Support the individual to restore relationships)

This section should detail particular approaches to reflection with the individual considering; timing of reflection, the best setting for the discussion to take place in, and some detail about how the person has or might respond. It might also detail particular approaches to be avoided. This should not replace the need to offer immediate support following an incident.

The timing of any discussion about the incident will vary between each individual. Some individuals will want to be comforted immediately after the incident/restraint and as part of that will see the immediate opportunity to discuss the event as helpful. Some may welcome a period of calm, but will not be ready to discuss events. Others may be angry, resentful and extremely resistant to any discussion.

Person responsible for Implementing:	
Review date for: (Minimum review period of one year)	By Whom? In this section the date that the support plan was last reviewed and by whom should be detailed here. The plan should be reviewed following every incident and updated as necessary. This would be in addition to the routine key worker reviews of individual

Approval by

Name _____ Date _____

Designation : _____

All members of staff working with person must sign and date to confirm that they have read the PBS Plan, and any updates.

NAME	SIGNATURE AND DATE

This behaviour support plan will be retained by Angus Council in line with Angus Council's retention policy once you no longer receive support services from Angus Council.

Agreed By:	
Relationship to child / Service User:	
Signature:	
Date:	
Signature of child/Service User (if appropriate):	
Date:	