

# Positive Behaviour Support Tool Kit for Out of School settings in Leicestershire

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Developing a PBS approach to support the inclusion of children who display behaviours seen as concerning or challenging.



This resource provides a straightforward four step approach, to support the understanding of the Positive Behaviour Support model and how this can be developed in Out of School Clubs to benefit the inclusion of all children, particularly those with Special Educational Needs and Disabilities.

# Out of School 'Positive Behaviour Support' (PBS) Tool Kit

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This 'Positive Behaviour Support Tool' offers guidance on how to implement '*Positive Behaviour Support*' known as PBS in the Out of School Setting. It is designed to guide you through the process in four 'bite sized' steps based on the 'Graduated Approach' and uses a case study to support your understanding



# Contents:

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Colour coding is used throughout:

Explanations of each step

Further reading to support understanding

Tasks you need to complete for a child in your setting

The Case Study

## Where to Start with Positive Behaviour Support ..... 4

### Step 1: Assess ..... 10

1a: Identifying the Function of The Behaviour ..... 14

1b: Identifying 'Triggers' (or 'Antecedents') ..... 16

1c: Completing ABC Charts ..... 17

1d: Analysing ABC Charts ..... 18

1e: Tommy's Motivational Assessment Scale ..... 19

### Step 2: Plan ..... 22

2a: Applying the Three Stages of Positive Behaviour Support ..... 28

2b: Primary Prevention Strategies ..... 29

2c: Secondary Prevention Strategies ..... 33

2d: Non-restrictive Reactive Strategies ..... 34

### Step 3: Do ..... 36

3a: Tommy's Positive Behaviour Support Plan ..... 40

### Step 4: Review ..... 44

4a: Tommy's Positive Behaviour Support Plan Review ..... 47

### Tools: ..... 51

ABC Chart Template ..... 52

The Motivational Assessment Scale Template ..... 53

Behaviour Support Plan Template ..... 55

Manager's PBS Primary Prevention Audit Tool ..... 58

# Where to Start with Positive Behaviour Support

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Positive Behaviour Support is a person-centred approach for anyone of any age who is at risk of displaying behaviour which is challenging. It is backed by evidence from behavioural science and is part of the HM Government guidance:

Reducing the need for Restraint and Restrictive Intervention – *Children and young people with learning disabilities, autistic spectrum conditions and mental health difficulties in health and social care services and special educational settings*

(June 2019)

[www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention](http://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention)



PBS is not a 'quick fix' to put right a child's behaviour, but a process which will take time and gradually will change the way you think and deliver your service to benefit all children.

## What is 'Positive Behaviour Support' (PBS)?

PBS aims to understand the child's behaviour and to meet all their **needs** by increasing inclusion, choice, participation and equal opportunities and subsequently reducing the likelihood of the challenging behaviour happening in the first place. It incorporates the teaching of new skills to increase independence and to give the child alternative ways of having their **needs** met in ways which are safe and socially acceptable.

The overall goal is to improve the child's life and those around them and to reduce the incidence of restrictive practice such as restraint or other restrictive intervention.

### **PBS is based on 4 principles:**

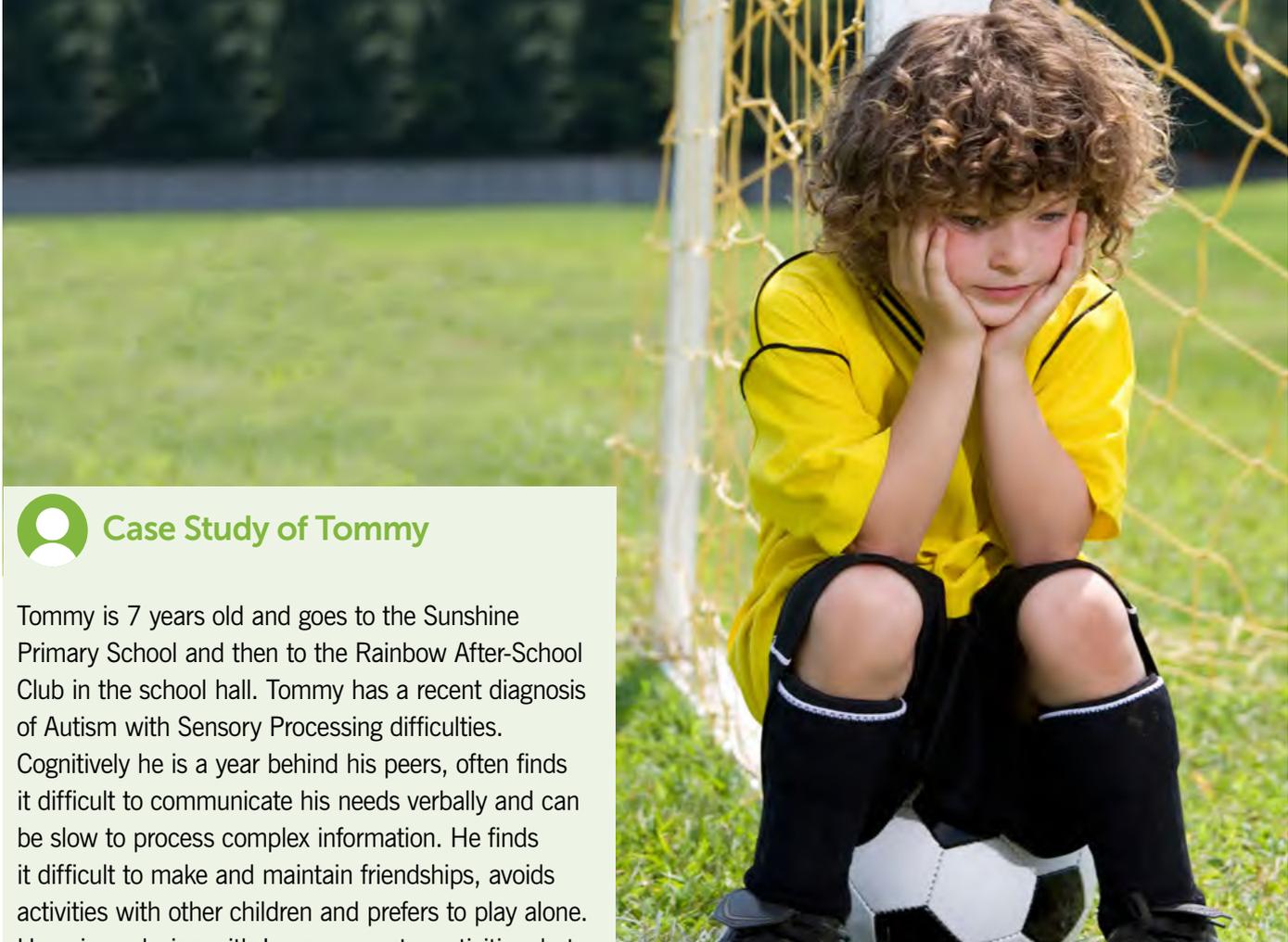
- PBS seeks to understand the reason for the behaviour so that unmet needs can be met
- PBS considers the child as a whole; their life history, their physical health and their emotional needs
- PBS is proactive and preventative, focusing on the teaching of new skills to replace behaviours which are challenging
- PBS combines perspectives from different professionals

*"PBS is about illumination (understanding the meanings and purposes of the behaviour) rather than elimination (simply getting rid of behaviour)"*

Weiss and Knoster,  
2008



**Task 1:**  
**Read the Case Study. The story of Tommy which will be used throughout the guide**



## Case Study of Tommy

Tommy is 7 years old and goes to the Sunshine Primary School and then to the Rainbow After-School Club in the school hall. Tommy has a recent diagnosis of Autism with Sensory Processing difficulties. Cognitively he is a year behind his peers, often finds it difficult to communicate his needs verbally and can be slow to process complex information. He finds it difficult to make and maintain friendships, avoids activities with other children and prefers to play alone. He enjoys playing with Lego, computer activities, but his favourite activity is playing ball games outside.

The manager of Rainbow Afterschool Club is concerned because Tommy can suddenly without warning hit out at staff and the other children, push furniture and run out of the hall. Other parents are complaining that he is hurting their children and staff are threatening to leave if Tommy is not excluded from the setting.

On Wednesday at school, Tommy doesn't understand what he should be doing in his maths lesson, and his anxiety starts to rise. He would much rather be outside playing ball games. His Learning Support Assistant is busy tidying a cupboard and hasn't noticed that he needs help. He suddenly runs out of the classroom knocking other children and furniture out of the way. This has happened many times before and the Learning Support Assistant has been instructed to take him outside to play ball games to help him to calm down. Tommy is happy outside playing ball games and is reluctant to return to the classroom. His teacher tells him that due to his behaviour he can't have a sticker for positive behaviour that day. Tommy feels cross about this, but also worried as his Mum may not allow him to have his favourite comic that week

Later that day, Tommy goes to the Rainbow Afterschool Club. He is still worrying about his comic and feels tired from his day and keeps yawning. The club room is very hot, noisy and the hall echoes. Tommy stands at the side of the room and does not want to join in any activities. He covers his ears to try to block away the noise. He tries to take off his school sweatshirt, but he finds this difficult, so he gives up.

He asks a practitioner if he can go in the playground but is told "no" as there is building work outside today and it isn't safe. She tells him to go and play with the other children and goes to walk away.

Tommy feels hot and tense and his heart starts to race. He hits and kicks the practitioner and runs across the room knocking chairs and tables over. He pushes other children out of the way, opens the door and runs down the corridor toward the school front door. He sits down on the floor and kicks his legs and screams on and off for about 10 minutes. The practitioner follows him and gives him a cushion which he lies on. She sits quietly with him and just reassures.

(This case study is entirely fictional but is based on experiences often expressed by Out of School settings).

## Why do some children display behaviours which are challenging?

To understand what PBS is and how it can make a difference, we must first consider why some children display challenging behaviour in the first place.

Challenging behaviour is a term used to describe any behaviour that puts the safety of the child or others at risk, or significantly impacts on the child's or other's quality of life. It is helpful to change this term to call them 'Behaviours of Concern' so that there is less of a negative label for the child

### Examples of *Behaviours of Concern* are:

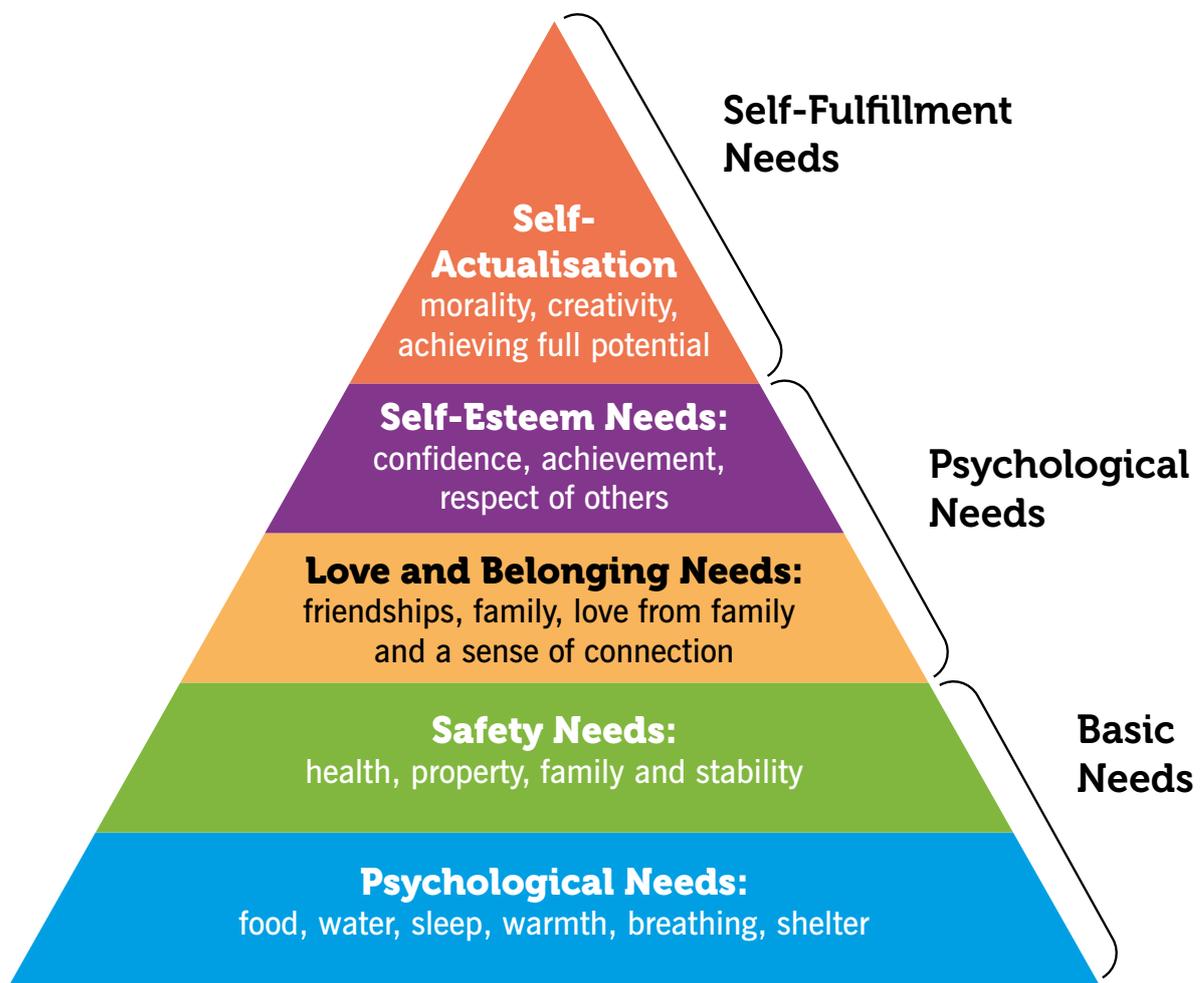
- Hitting
- Dropping to the ground
- Kicking
- Defiance
- Spitting
- Pulling hair
- Biting
- Swearing
- Shouting
- Displaying temper
- Ignoring instructions
- Uncooperative
- Impulsive dangerous actions
- Self-harm
- Running off
- Pinching
- Damaging property
- Disrupting other's play

When children display *behaviour of concern*, it means something:

- They want to solve a problem
- They want a particular outcome
- They want to tell us how they are feeling or what they are experiencing

There is always a reason behind the behaviour, the child is not simply being 'naughty'. This is particularly true for children with a learning disability or communication impairment who do not develop the social and communication skills necessary to have all their *needs* met. They often struggle with independence and social skills which heavily impacts on their ability to have choice and control in their lives and develop friendships

"Most of our behaviours reflect attempts to meet our needs, satisfy our desires, cope with frustration and high levels of emotion"  
(Clements and Zarkowsha 2000)



**The Maslow Hierarchy of Needs (1943) can help us to identify what all children in our care need, irrespective of a disability.**

Maslow's theory is that people require all the **needs** on the triangle to be met, but this starts with the **needs** at the bottom of the triangle before those higher can be met too. So, when we meet the child's **needs** on one level of the triangle, if the **needs** of the next level up are not also met, the child may then display **behaviours of concern** to get those **needs** met too, and so on until they reach the top of the triangle.

When a child's behaviour is of concern, it is simply an alternative way of them communicating their unmet **needs** and a way to try to get what they **need** to be happy and secure. It is important that we 'listen' to their behaviour and act on it

Behaviour of concern is not deliberate or planned, it is usually behaviour which has been successful in communicating to you a need in the past, so they repeat it because it works.



### Task 2:

Watch the video *Was Not Heard* (<https://vimeo.com/386347807>) to understanding the importance of listening to the voice of the child to meet their needs, which may be verbal or non-verbal



### Task 3:

Using Maslow Hierarchy of Needs, consider what the unmet needs are for Tommy at the After-School Club



### Case Study:

Tommy has unmet **Basic Needs** right at the bottom of the triangle; his **'Psychological'** and **'Safety' Needs**. He is tired, hot and he is feeling anxious so does not feel happy, safe and secure. Unless we support him with these needs, we won't be able to support him with those higher on the triangle: to make friends (Belongingness and Love Needs), support him with new skills (Esteem Needs) and he won't reach his potential (Self Actualisation).

**Go to Step 1: 'Assess'**



# STEP 1

## Step 1: Assess

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The first step of Positive Behaviour Support is to understand the child's ***behaviour of concern*** and its ***function***. The ***function*** is what the child wants to achieve by the behaviour, or what motivates them to behave the way they do. This is in response to an unmet ***need***. Identifying the ***function*** of the behaviour first is important for planning how we will try to ***change the behaviour***.



To identify the **function** of the child's unwanted behaviour in your setting, we first need to gather information through **assessing** the child's behaviour over a set time. This is called a '**Functional Assessment**'.

## How to complete a Functional Assessment in your setting

### Observe the child

Decide which **behaviour of concern** you would like to change. Observe the child closely before, during and after each incident.



**Task 4:**  
Using the Maslow Hierarchy of Needs, note down what you think may be the unmet needs of the child in your setting

Consider what the **triggers** for the behaviour are, also known as 'Antecedents'. **Triggers** are the things which happen before the incident which make the behaviour more likely to happen.

### Assess the behaviour

Once you have observed the child's **behaviour of concern**, you need to record what happened before, during and after. There are various tools for this, but we will be using an **ABC Chart**: Antecedent; Behaviour; Consequence

When completing the chart, describe your observations in detail and factually without opinion. It is important to avoid using general terms such as '**meltdown**' or '**tantrum**' as it is important that there is a clear detailed understanding of what is happening.

Don't forget to consider factors in the child's life now or in the past outside of your setting which may negatively impact on their behaviour such as trauma, attachment difficulties, poor health etc



**Task 5:**  
Record your observations of the child's behaviour of concern in your setting on an '**ABC Chart**' each time the incidents occur over the next few weeks.

Once you have a set of ABC charts, you can then start to analyse the child's behaviour to understand it more.



Go to 1a:  
Identifying the  
Function of  
Behaviour



Go to 1b:  
'Identifying  
Triggers'



Take a look at  
the ABC Template  
on page 52



Go to 1c:  
Completing  
ABC Chart

## Analyse the behaviour

To analyse the behaviour, consider the following:

**Were all of the different needs in ‘Maslow’s Hierarchy of Needs’ met?** Are there unmet *needs* that the child was trying to communicate to you?

**Were there any patterns to the behaviour?** Do similar things *trigger* the behaviour? Were there any *warning signs* before the behaviour occurred? Did the child always display the same behaviour to the *trigger*?

**What was the consequence (what happened after)?** What did the child get or not get from their behaviour that may motivate them to repeat it? This is the function of the behaviour.

**Consult with others.** It is also important as part of our assessment to *consult* with other professionals and close family who know the child well. Have other professionals completed their own *functional assessment*? What were their observations? Where else does the behaviour occur? Does the child use the behaviour for the same *function* each time, or is it different depending on the setting? What conclusions do others draw? Is there anything else in the child’s life history which is significant?



Go to 1d: Analysis of an ABC Chart for Tommy



### Case Study:

Discussion with Tommy’s teacher would give additional information about the same unwanted behaviour at school. Think about the two different incidences that day. Is the *function* of Tommy’s behaviour the same, or is he trying to achieve a different outcome on each occasion? This will be discussed further in Step 3



### TASK 6:

Gather your ABC Charts along with the information from other people who know the child in your setting well and see if you can start to understand more about the behaviour and what motivates the child to do it.

## Identifying the Function of the Behaviour:

Sometimes, although we can be much clearer around what causes the behaviour, despite careful analysis, it still isn't clear what the '*function*' of the behaviour is. We can use another tool called the '*Motivational Assessment Scale (MAS)*' to give us further evidence to support our theory of what the function of the behaviour is.

### How to Complete a Motivational Assessment Tool

1. **Name:** Enter the name of the child who has the behaviour of concern
2. **Rater:** Enter the name of the person filling out the scale who should be familiar with the child's behaviour
3. **Behaviour Description:** Record the specific behaviour of concern e.g. he runs away from the club, he hits other children
4. **Setting Description:** Record the situation when the behaviour is a concern e.g. during meal time, when the hall is noisy, when there is a demand
5. **Score each question:** Give each question a score by circling the number that you feel corresponds with how often the child uses the behaviour in the setting you have described
6. **Scoring Sheet:** Transfer your scores onto the Scoring Sheet
7. **Total Score:** Total each column and enter the figure
8. **Mean Score:** Total Score divided by 4
9. **Relative Score:** Determine the relative ranking by giving the number '1' to the motivation with the highest mean score, number '2' to the second highest and so on

The *function* of the behaviour is most likely to be the one which you ranked as number '1'



Take a look at the Motivational Assessment Scale Tool on page 53



#### TASK 7:

To support you to identify the 'function' of the behaviour of concern for the child in your setting, complete a 'Motivation Assessment Scale' Tool



Go to 1e: Example of a completed MAS form for Tommy

(Please note that the MAS form should be completed following several incidents, so the scoring on this example may not totally reflect the events described on the case study)

## 1a: Identifying the Function of The Behaviour

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When a child displays **behaviours of concern**, it may seem as though there is no obvious reason for it. The child is not simply being 'naughty' or 'difficult'. There will always be a reason why the behaviour is happening.

It is important that we establish the **function** of the behaviour, the reason why they are doing it, as they are communicating to us an unmet **need**. We are aiming to replace the child's behaviour with something else which enables them to have this **need** met but in a more acceptable way.



### Case Study:

Tommy wanted to go outside as he felt tired uncomfortable and anxious. He was told 'No'. Tommy ran away from the club room to a quieter place hitting out and toppling furniture on his way. A practitioner followed him and made him comfortable in the corridor. Tommy has learnt that if he wants to leave the room and be somewhere quiet and comfortable then this is the behaviour he uses. The function of the behaviour is 'Escape' as Tommy is using the behaviour to leave the club which was making him feel uncomfortable and anxious.

### The **function** of the behaviour will come under four common categories:

#### Sensory

Some children will display behaviour which is in response to the negative feelings that they feel inside of them such as anxiety, boredom or pain. These are self-stimulating behaviours.

#### Escape

Whilst many children like attention, some would prefer to be left alone at times. Some children will behave in a way that allows them to '**escape**' a situation or activities they don't like or don't find rewarding.

#### Attention

It isn't a negative thing to desire attention from others, however due to limited communication skills, boredom or something else, children may learn that their behaviour can be a reliable way of gaining '**attention**' from others.

#### Tangible

Sometimes children really desire something, and that can be the motivation to display particular behaviours. This could be food, drink, an activity, an object or something else they enjoy. It isn't necessarily a negative thing for the child to want something, however it can be a problem if the child displays **behaviours of concern** to get what they want.

**The following are examples of different types of behaviour you may see and their function:**

Situation	Behaviour displayed	What the child achieves?	What has the child learnt?	The Function of the behaviour
Noah becomes very anxious in noisy environments	Noah sits on the floor, covers his ears and hums loudly to himself and refuses to move	Noah stops the noise by covering his ears and enjoys hearing his own humming. He forgets what is happening around him	Noah has learnt that he can make himself feel better by listening to his own humming.	The function of the behaviour is <b>Sensory</b> as the child is replacing the negative internal feeling from the noise with his own sound
Zara finds being part of a group of children difficult as she is anxious about what the demands will be	Zara will repeatedly flap her hands and arms	Zara flapping stimulates her own senses which makes her feel better	Zara has learnt that she can manage her anxiety through this behaviour as it makes her feel better	The function of the behaviour is <b>Sensory</b> as the child is replacing the negative internal feeling of anxiety by self-stimulating
Ella is left on her own without activities and is bored	Ella starts to knock down the Lego towers built by other children	A practitioner goes to Ella and takes her to one side to ask her not to do this and then plays a game with her	Ella has learnt that if she destroys another child's play then a practitioner will play a game with her	The function of the behaviour is <b>Attention</b> as Ella is using the behaviour so that the Practitioner plays with her.
Lena has 1-1 support at school and really enjoys this. She does not have 1-1 support at her After School Club.	Lena starts to have regular toileting 'accidents'	Lena is taken to the bathroom to be changed by a practitioner	Lena has learnt that if she deliberately has an 'accident' she will have some 1-1 time	The function of the behaviour is <b>Attention</b> as Lena is using the behaviour to gain adult 1-1 interaction
Harvey doesn't enjoy taking part in activities with other children	Harvey will hit other children if they come too close to his activity	The other children stay away fearful of getting hurt	Harvey has learnt that if he hits other children he will be left to play alone	The function of the behaviour is <b>Escape</b> as it is being used to ensure that he is left alone to play
Sophie doesn't enjoy painting	Sophie will throw the paint on the floor	The practitioner takes the paint away	Sophie has learnt that if she does not wish to paint, if she throws it on the floor, it will be taken away	The function of the behaviour is <b>Escape</b> as it is being used to avoid an activity
Zara is thirsty but is unable to communicate that she would like a drink	Zara finds a cup and throws it at the practitioner	The practitioner gives her a drink	Zara has learnt that if she throws her cup then she will be given a drink	The function of the behaviour is <b>Tangible</b> as Zara is using this behaviour to gain a drink
Ayesha enjoys playing outside even when the weather is cold	Ayesha tries to go outside even when it is raining hard. If she is unable to open the door then she throws toys and screams	The practitioner takes Ayesha outside to play	Ayesha has learnt that if she can't go outside, if she throws toys and screams then a practitioner will take her.	The function of the behaviour is <b>Tangible</b> as Ayesha is using this behaviour to gain her preferred activity

## 1b: Identifying ‘Triggers’ (or ‘Antecedents’)

Being aware of the potential **triggers** can help you to avoid them and reduce the incidence of the **behaviour of concern**. If you can’t avoid them, you will be able to identify times when behaviour is more likely to be problematic and give the child extra support at this time so that they are able to cope better. For instance, a child whose **trigger** is crowds and they need to go into a crowded environment, put a plan in place to prepare them and to limit the time they need to be there.

There are two types of Triggers; **Slow Triggers** and **Fast Triggers**. The following table describes these and gives examples:

Trigger Type	Examples of Triggers
<p><b>Slow Triggers</b></p> <p>These begin to occur some time before the behaviour actually happen. <b>Slow Triggers</b> don’t in themselves cause the behaviour to occur, but just make it more likely to happen following a <b>Fast Trigger</b></p>	<p><b>The child</b></p> <ul style="list-style-type: none"> <li>■ feels unwell</li> <li>■ is tired</li> <li>■ is hungry or thirsty</li> <li>■ is spending a long period of time without attention from others</li> <li>■ is bored</li> <li>■ had a negative experience earlier in the day/week</li> </ul> <p><b>The environment</b></p> <ul style="list-style-type: none"> <li>■ is too noisy</li> <li>■ is too hot or too cold</li> <li>■ is too busy</li> <li>■ is unpredictable</li> <li>■ is not accessible to them</li> </ul>
<p><b>Fast Triggers</b></p> <p>These are the <b>triggers</b> which happen immediately before the behaviour happens. They may be in conjunction with a <b>slow trigger</b> or happen in isolation</p>	<ul style="list-style-type: none"> <li>■ Being asked to do something they can’t do</li> <li>■ Being asked to do something that they don’t like or makes them uncomfortable</li> <li>■ Being asked to wait for something they really want</li> <li>■ Being ignored when they really want something</li> <li>■ Being told “No”</li> <li>■ An event being cancelled</li> <li>■ Something unexpected happening</li> <li>■ Seeing or hearing something that frightens them or makes them anxious</li> <li>■ Someone saying something they don’t understand.</li> <li>■ A loud sudden noise</li> </ul>

## 1c: Completing ABC Charts

A: Antecedents	B: Behaviour	C: Consequence
<p><b>Write here what happened before the behaviour occurred.</b></p> <p><b>Consider:</b></p> <ul style="list-style-type: none"> <li>■ Slow triggers</li> <li>■ Fast triggers</li> <li>■ The child's wellbeing at the time</li> <li>■ Who else was there?</li> <li>■ What did others say or do?</li> <li>■ Anything that has happened during the day/week that may have impacted</li> </ul>	<p><b>Write here about the actual behaviour you observed</b></p> <p><b>Clearly describe the behaviour in detail by asking yourself the following questions:</b></p> <ul style="list-style-type: none"> <li>■ What did I see?</li> <li>■ What did I hear?</li> <li>■ Who else was involved?</li> <li>■ How long did it last?</li> </ul> <p>Be factual and avoid writing your opinion.</p>	<p><b>Write here what happened after the behaviour.</b></p> <p><b>What did you do?</b></p> <ul style="list-style-type: none"> <li>■ An action such as giving them something (including attention)?</li> <li>■ Praise or ask them to stop?</li> <li>■ Did you do nothing such as ignore the behaviour?</li> </ul>
<div style="display: flex; align-items: center;">  <h3 style="margin: 0;">Case Study: Example of Tommy</h3> </div>		
<ul style="list-style-type: none"> <li>■ Tommy's school teacher said that he had not had a very good day at school with an incident during the maths lesson.</li> <li>■ Tommy hadn't received a sticker for positive behaviour and he was upset about it.</li> <li>■ Tommy said that he was worried that his Mum would not buy his comic</li> <li>■ Tommy kept yawning.</li> <li>■ The club room was hot and noisy.</li> <li>■ Tommy did not want to join in any activities.</li> <li>■ Tommy kept covering his ears.</li> <li>■ Tommy asked to go outside but I said no, and I told him to play with the other children</li> </ul>	<ul style="list-style-type: none"> <li>■ Tommy hit and kicked me hard and then ran across the room knocking chairs and tables over. He pushed children out of the way.</li> <li>■ Tommy shouted that he wanted to go home and then opened the door and ran down the corridor toward the front door.</li> <li>■ Other staff moved the children to one side of the room.</li> <li>■ Tommy sat down next to the front door and kicked his legs and screamed on and off for about 10 minutes.</li> <li>■ Tommy hit out at me if I tried to get close to him.</li> </ul>	<ul style="list-style-type: none"> <li>■ I ran after Tommy to ensure that he was safe.</li> <li>■ I fetched a cushion and gave this to him so that he could lie down if he wished to.</li> <li>■ I sat nearby but gave him space and reassured him</li> <li>■ Tommy didn't want to go back to the club room, so we stayed there until his Mum picked him up.</li> <li>■ Tommy did not want to speak to me but did calm down after 10 mins when we sat quietly</li> </ul>

## 1d: Analysing ABC Charts

A: Antecedents	B: Behaviour	C: Consequence
 <b>Case Study: Example of Tommy</b>		
<ul style="list-style-type: none"> <li>■ Tommy's school teacher said that he had not had a very good day at school with an incident during the maths lesson.</li> <li>■ Tommy hadn't received a sticker for positive behaviour and he was upset about it.</li> <li>■ Tommy said that he was worried that his Mum would not buy his comic</li> <li>■ Tommy kept yawning.</li> <li>■ The club room was hot and noisy.</li> <li>■ Tommy did not want to join in any activities.</li> <li>■ Tommy kept covering his ears.</li> <li>■ Tommy asked to go outside but I said no, and I told him to play with the other children</li> </ul>	<ul style="list-style-type: none"> <li>■ Tommy hit and kicked me hard and then ran across the room knocking chairs and tables over. He pushed children out of the way.</li> <li>■ Tommy shouted that he wanted to go home and then opened the door and ran down the corridor toward the front door.</li> <li>■ Other staff moved the children to one side of the room.</li> <li>■ Tommy sat down next to the front door and kicked his legs and screamed on and off for about 10 minutes.</li> <li>■ Tommy hit out at me if I tried to get close to him.</li> </ul>	<ul style="list-style-type: none"> <li>■ I ran after Tommy to ensure that he was safe.</li> <li>■ I fetched a cushion and gave this to him so that he could lie down if he wished to.</li> <li>■ I sat nearby but gave him space and reassured him</li> <li>■ Tommy didn't want to go back to the club room, so we stayed there until his Mum picked him up.</li> <li>■ Tommy did not want to speak to me but did calm down after 10 mins when we sat quietly</li> </ul>
<b>Analysis</b>	<b>Analysis</b>	<b>Analysis</b>
<p><b>Slow triggers:</b></p> <ul style="list-style-type: none"> <li>■ Tommy had not had a good day at school and was upset that he did not get any stickers. He was worried that he wasn't going to get his comic. He brought these worries with him to the club</li> <li>■ Tommy was tired.</li> <li>■ The room was hot and noisy.</li> <li>■ Tommy was not taking part in any activities so was not stimulated and engaged</li> </ul> <p><b>Fast Triggers:</b></p> <ul style="list-style-type: none"> <li>■ Tommy was told "No" to going outside and told to play with the other children.</li> </ul>	<p><b>Tommy's behaviour suddenly escalated</b></p> <ul style="list-style-type: none"> <li>■ Tommy showed aggression to the staff member, the other children and towards furniture.</li> <li>■ Tommy ran away</li> <li>■ Tommy shouted</li> <li>■ Tommy's behaviour continued for around 10 minutes</li> </ul>	<ul style="list-style-type: none"> <li>■ The corridor was cooler and quieter. Tommy appeared happier there and wanted to stay</li> <li>■ Tommy lay down on the cushion so along with the yawning we can conclude that he was tired</li> <li>■ Tommy seemed happy to have a staff member with him but not in his personal space. He didn't seem to want any attention.</li> <li>■ He did not want to return to the club room</li> </ul>

# 1e: Tommy's Motivational Assessment Scale

Name: **Tommy Smith**

Rater: **Sarah Brown**

Date: **5/2/20**

**Behaviour Description:** *Being aggressive towards others and furniture and running away from the club room*

**Setting Description:** *When the club is busy and noisy and he is told 'no' or asked to do something he doesn't enjoy*

**Instructions:** The Motivation Assessment Scale is a questionnaire designed to identify those situations in which an individual is likely to behave in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate reinforcers and treatments. To complete the Motivation Assessment Scale, select one behaviour that is of particular interest. It is important that you identify the behaviour very specifically. Aggression, for example, is not as good as a description as hits his sister. Once you have specified the behaviour to be rated, read each question carefully and circle the number that best describes your observation of this behaviour.

Never=0      Almost Never=1      Seldom=2      Half the Time=3  
Usually=4      Almost Always=5      Always=6

1.	Would the behaviour occur continuously, if this person were left alone for long periods of time, for example, several hours?	0	1	2	3	4	5	6
2.	Does the behaviour occur following a request to perform a difficult task?	0	1	2	3	4	5	6
3.	Does the behaviour seem to occur in response to your talking to another person in the room?	0	1	2	3	4	5	6
4.	Does the behaviour ever occur to get a toy, food, or activity that this person has been told that he or she can't have?	0	1	2	3	4	5	6
5.	Would the behaviour occur repeatedly in the same way for very long periods of time if no one were around, for example rocking back and forth for over an hour?	0	1	2	3	4	5	6
6.	Does the behaviour occur when any request is made of this person?	0	1	2	3	4	5	6
7.	Does the behaviour occur whenever you stop attending to this person?	0	1	2	3	4	5	6
8.	Does the behaviour occur when you take away a favourite toy, food, or activity?	0	1	2	3	4	5	6
9.	Does it appear to you that this person enjoys performing the behaviour? (It feels, tastes, looks, smells, and sounds pleasing.)	0	1	2	3	4	5	6
10.	Does this person seem to do the behaviour to upset or annoy you when you are trying to get him or her to do what you ask?	0	1	2	3	4	5	6
11.	Does this person seem to do the behaviour to upset or annoy you when you are not paying attention to him or her, for example, if you are sitting in a separate room, interacting with another person?	0	1	2	3	4	5	6

12.	Does the behaviour stop occurring shortly after you give this person the toy, food, or activity he or she has requested?	0	1	2	3	4	5	6
13.	When the behaviour is occurring does this person seem calm and unaware of anything else going on around him or her?	0	1	2	3	4	5	6
14.	Does the behaviour stop occurring shortly after (one to five minutes) you stop working or making demands of this person?	0	1	2	3	4	5	6
15.	Does this person seem to do the behaviour to get you to spend some time with him or her?	0	1	2	3	4	5	6
16.	Does this behaviour seem to occur when this person has been told that he or she can't do something he or she had wanted to do?	0	1	2	3	4	5	6

## Scoring Sheet

	Sensory	Escape	Attention	Tangible
	1. 0	2. 6	3. 0	4. 3
	5. 0	6. 3	7. 2	8. 0
	9. 0	10. 3	11. 0	12. 0
	13. 0	14. 4	15. 0	16. 4
<b>Total Score (Total of each column)</b>	0	16	2	7
<b>Mean Score (Total ÷ 4)</b>	0	4	0.5	1.75
<b>Relative Ranking (Highest score = 1). This is the function of the behaviour</b>	4	1	3	2

## Instructions for using the motivation assessment scale

The person filling out the form had to be familiar with the individual who has the behaviour challenge. To direct our understanding of the behaviour challenge to the intent of the challenge versus the way it appears or make us feel. To understand the correlation between the frequency of the challenging behaviour and its potential for multiple intents. To identify those situations in which an individual is likely to behave in certain ways for example, placing work demands often leads to head banging. OUTCOMES: To assist in the identification of the motivation(s) of a specific behaviour. From: Duran, V.M. & Crimmins, D.B. (1988). Identifying the variables maintaining self-injurious behaviour. *Journal of Autism and Developmental Disorders*, 18, 99-117. Adapted by J.M. Cafiero

# This is the end of Step 1: Assess.



You will now know or suspect:

- The *triggers* for the behaviour
- Any unmet *needs* that the child is trying to communicate to you
- The *function* of the behaviour, or what motivates them: *Sensory; Escape; Tangible; Attention*

You can now move to Step 2: Plan. ▶

# Step 2: Plan

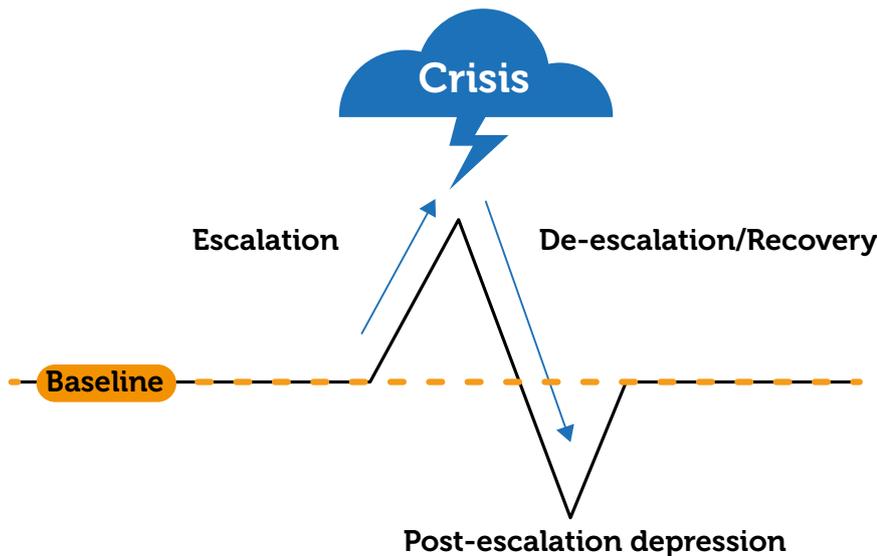
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Step 2 is to **plan** how we will **change** the behaviour using the information gained during Step 1

STEP



To understand how to **change the behaviour** through Positive Behaviour Support, we first need to understand what happens to the body when the child becomes agitated, anxious and angry leading to their loss of control. This can be demonstrated through the 'The Arousal Cycle'. (Kaplan and Wheeler 1983)



**Baseline:** The child feels happy and calm with all their **needs** being met until there is a **trigger** which makes them feel stressed or challenged. Their body prepares for this threat and experiences the emotion of anger or anxiety.

**Escalation Phase:** The child's body prepares for survival by pumping adrenaline into the blood stream to prepare for attack or to defend.

**Crisis Phase:** The child's crisis response is to survive, and the body command is to 'take action'! The problem is that by this time the child is unable to think clearly as the brain is dealing with the threat which leads to them behaving in a concerning way, putting themselves and others at risk.

**De-escalation/Recovery Phase:** The crisis response is exhausting and eventually the body's response to the danger will start to reduce and the child will begin to calm. The adrenalin levels will gradually reduce until they return to normal levels. Reasoning begins to replace the survival response. However, if triggers continue then the child's body will respond again and escalate back up to crisis.

**Post Event Depression:** As the body calms, the heart rate falls below normal as the body rebalances. As energy returns to the brain, the child becomes aware of what has just happened. The child may express and show guilt, regret and may cry.

**Baseline:** The child returns to normal until there are **triggers** which can start the whole cycle up again.

Positive Behaviour Support aims to **change the behaviour** by keeping the child on the baseline as much as possible. We do this through three stages of Positive Behaviour Support:

1. **Primary Prevention:** These are the proactive **strategies** which reduce the likelihood of the behaviour happening in the first place and keeps the child on the **baseline**.
2. **Secondary Prevention:** These **strategies** are used during the **escalation** and **de-escalation** phase to calm the child and relax them to bring them back to **baseline** and avoiding going into **crisis**
3. **Reactive Strategies:** These are the **strategies** to be used after the behaviour has happened and the child is in a **crisis** state to keep them and others safe.



Go to Step 2a  
'Applying the  
Three Stages of  
Positive  
Behaviour  
Support to the  
Arousal Cycle'

## Primary Prevention Strategies

**Primary Prevention Strategies** are the most important element of Positive Behaviour Support.

We use **Primary Prevention Strategies** to...

1. reduce or eliminate **triggers**

And/or

2. give the child an alternative way to achieve the same outcome through:
  - giving them alternative ways to communicate
  - giving them alternative ways to cope and tolerate
  - teaching them independence skills

When we plan to **change the behaviour**, we aim to decrease the behaviour we don't want and increase the behaviour we do want by using the **Primary Prevention Strategies**. How we respond to behaviour can impact if there is an increase or decrease in behaviour.

### For Example:

If a child repeatedly hits a desk with a toy due to the function of the behaviour is **attention** when they want help, if you then give **attention**, even if this is negative **attention**, the child will continue to display this behaviour every time they want you as they have learnt that it is successful.

Through our response, we have reinforced to the child that the behaviour works and increased this negative behaviour

If instead we taught the child an alternative way of communicating that they needed help, and then gave **attention** only in response to this, we would reinforce to them that this alternative way was successful and would increase this positive behaviour.

By not responding to them hitting a toy on the desk, the child will realise that this behaviour is unsuccessful to achieve the desired **function** which is **attention**, therefore decreases the behaviour



Go to Step 2b:  
Primary  
Prevention  
Strategies



**Task 8:**  
Note down ideas for Primary Prevention Strategies for the child in your setting

## Secondary Prevention Strategies

Despite best efforts to put in place **Primary Prevention Strategies**, sometimes the child's anxiety will still start to rise. The warning signs you may notice are:

- The child becomes fidgety
- Their mouth becomes clenched
- They make fists with their hands
- They talk faster and in a higher tone
- They bang around
- They pace up and down
- They slam doors
- They are focused on a situation which is causing the anxiety and are unable to think about anything else.



**Task 9:**  
Note down the individual signs of increased distress, anxiety and agitation for the child in your setting; the warning signs



Go to Step 2c for  
'Secondary  
Prevention  
Strategies'

At this point, you commence your '**Secondary Prevention Strategies**' whilst continuing to ensure that **triggers** are removed or reduced to try to bring the anxiety back down again. You are aiming to bring the child back to **baseline** before they escalate to a **crisis** point.



**Task 10:**  
Note down ideas for Secondary Strategies  
which you would use for the child in your  
setting

## Reactive strategies

If the child still **escalates** to a **crisis** point whereby they become distressed and their behaviour is unsafe, you will then need to use **reactive strategies**. These are designed to keep the child and those around them safe and aim to bring a rapid and effective control to the situation.

There are two types of Reactive Strategies:

- Non-restrictive
- Restrictive

The **strategies** you choose should aim to be '**Non-restrictive**'. These are **strategies** which do not involve any physical limits or control over the child's freedom

**Restrictive' Reactive Strategies** pose physical limits and control over the child, reducing their freedom, and should only be used as a last resort and:

- It is a planned response that has been agreed with the parent and other professionals involved, you have been trained to carry it out, it is a last resort and necessary to keep the child or others safe.

**Or**

The child is in immediate danger or putting others in immediate danger through their actions, and physically restricting their movement is the only way to safeguard them and/or others from immediate harm



Go to Step 2d for  
examples of  
'Non-restrictive  
Reactive  
Strategies'

Examples of restrictive practice are:

- Self-protective and breakaway procedures
- Physical Restraint
- Medication

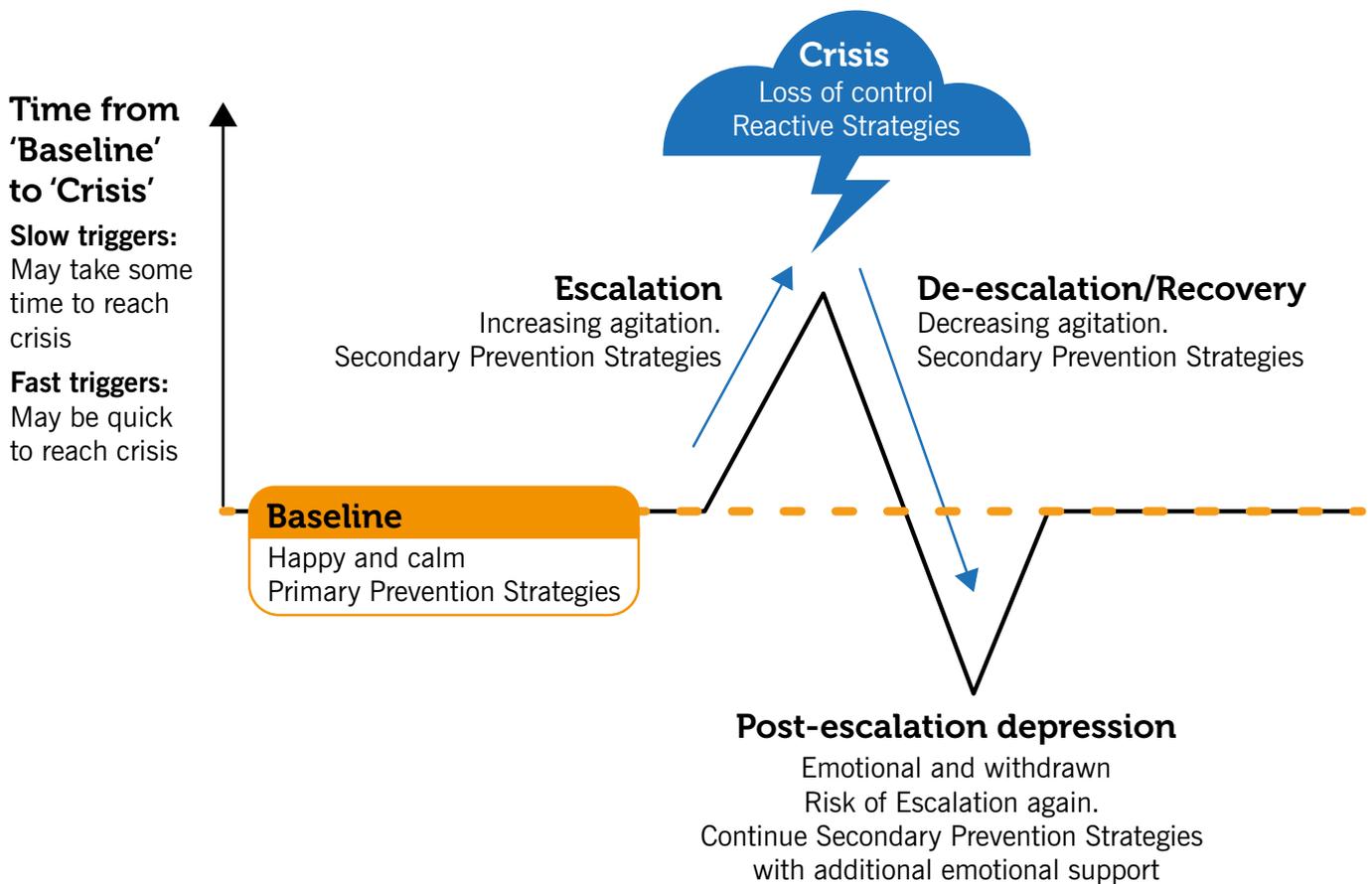
**Restrictive practices can be dangerous and unlawful and there is a risk of both physical and psychological harm to the child and should be avoided where possible. It is important that it is only carried out within the guidelines of HM Government document *'Reducing the need for Restraint and Restrictive Intervention'* June 2019, with the correct training in place and in partnership with the parents and other agencies involved with the child. We advise that your policies and procedure reflect a positive behaviour approach which reduces the risk of restrictive practice.**



**Task 11:**

**Think about how you would manage a crisis situation in your setting using the least restrictive practice. Talk to other professionals involved with the child and the parents to share ideas and to support your risk assessment.**

## 2a: Applying the Three Stages of Positive Behaviour Support to the Arousal Cycle (Kaplan and Wheeler 1983)



## 2b: Primary Prevention Strategies

To plan how to **change** behaviour, we start with the **function**. This will ensure that your response reduces the unwanted behaviour you don't want to happen, and increase the behaviour that you do want to happen

To **change the behaviour**, we use **Primary Prevention Strategies** aiming to

1. reduce or eliminate **triggers**
2. **replace the behaviour** with different ways for the child to achieve the same outcome through giving
  - alternative ways to communicate
  - alternative ways to cope and tolerate
  - independence skills



### Case Study: Plan to Change Tommy's Unwanted behaviour

Tommy had not had a good day at school and came to the club still thinking about this. He was worried about not getting his comic. He wanted to go outside as he felt tired, hot, uncomfortable and bored. He was told "No" and told to play with the other children when he prefers to play alone. Tommy ran away from the club room to a quieter place, hitting out and toppling furniture on his way. A practitioner followed him and made him comfortable.

**Analysis:** Tommy had experienced a series of **slow triggers** followed by the **fast triggers** being told "no" and to play with the other children. His basic **needs** (as described in the Maslow Hierarchy of Needs) weren't being met. At the point of the fast **triggers**, adrenaline pumped through his body causing his behaviour to **escalate** rapidly with loss of control and impaired thought and he needed to **escape** the situation and demands which were causing his distress. His intention was not to hurt anyone or to be destructive, this behaviour was due to being in **crisis**

Tommy has learnt that if he wants to leave the room and be somewhere quiet and calm without any demands then this is the behaviour he uses. The function of the behaviour is **Escape** as Tommy is using the behaviour to leave the club room and avoid playing with others.

Primary Prevention strategies can help us to plan to **change** Tommy's behaviour as follows:

Reduce or Eliminate <i>Triggers</i>	Replace the Behaviour to Achieve the Same Outcome
<ul style="list-style-type: none"> <li>■ Partnership working with the school. Find out about Tommy's day so that you are aware if there has been an incident that he may still be anxious about.</li> <li>■ A quiet area in the club rooms with cushions to allow opportunities for rest.</li> <li>■ Consider ear defenders if a quiet area is difficult to access</li> <li>■ Regulate the temperature in the Club through ventilation or fans</li> <li>■ Use a 'One Page Profile' which identifies Tommy's interests and things he enjoys doing to keep him stimulated and engaged.</li> <li>■ Encourage to learn new skills and try new experiences</li> <li>■ Avoid the word 'no', try to offer choices all of which are acceptable instead.</li> </ul>	<ul style="list-style-type: none"> <li>■ Teach Tommy to communicate how he is feeling using visual aids such as 'check in' cards. Use regularly so that you are aware of when he is starting to feel distress and respond promptly</li> <li>■ Teach Tommy to go to your quiet area when the noise is causing distress</li> <li>■ Use a choice board so that Tommy can show you what he would like to do. Ensure that the activities are varied and if outdoor play is not available, consider bringing an outdoor game into the inside</li> <li>■ Teach Tommy how to take off a layer of clothing if he is too hot</li> <li>■ Reinforce the behaviour you want by praising him when he uses behaviour you do want to see.</li> </ul>

## Further examples

**Example 1:** Noah becomes very anxious in noisy environments. He sits on the floor with his ears covered, hums loudly and refuses to move. The **function** of behaviour is identified as **Sensory**

How we plan to **change the behaviour**

Reduce or Eliminate <i>Triggers</i>	Replace the Behaviour to Achieve the Same Outcome
<ul style="list-style-type: none"> <li>■ Avoid noisy areas where possible</li> <li>■ Consider using ear defenders</li> <li>■ Identify an area which can be kept quiet and low sensory</li> <li>■ Teach Noah to go to a quieter area as soon he feels anxious.</li> </ul>	<ul style="list-style-type: none"> <li>■ Teach Noah to communicate how he is feeling verbally or use 'check in' cards so that he can be taken to another area before he becomes over whelmed.</li> <li>■ Teach and model an alternative coping strategy to replace the behaviour such as relaxation techniques, stress balls etc.</li> <li>■ Reinforce the behaviour by praising him when he uses behaviour that you do want to see</li> </ul>

**Example 2:** Ella is left on her own without activities and is bored. She knocks down over children's Lego towers. The practitioner goes to her to ask her to stop, then plays a game with her. The function of the behaviour is **Attention**

How we plan to **change the behaviour**

Reduce or Eliminate <i>Triggers</i>	Replace the Behaviour to Achieve the Same Outcome
<ul style="list-style-type: none"> <li>■ Get to know Ella well. Use a 'One Page Profile' which identifies her interests and things she enjoys doing so that you know what activities keep her motivated stimulated and engaged.</li> <li>■ Encourage to learn new skills and try new experiences</li> <li>■ Introduce regular times when you give Ella one to one attention and ensure she knows when these times will be. A timer or a clock can help her to understand this concept. Try to stick to this</li> <li>■ Support Ella to play with or side by side with other children with one practitioner so that she feels included and part of a group and support her communication and interaction with other children</li> </ul>	<ul style="list-style-type: none"> <li>■ Teach Ella an alternative way to communicate that she is bored. She could use a choice board to show you what activity she would like to do.</li> <li>■ Reinforce the behaviour by praising her actions when she uses behaviour that you do want to see.</li> </ul>

**Example 3:** Harvey doesn't enjoy taking part in activities with other children and he will hit them if they come too close to him. Other children stay away fearful of being hurt. The function of the behaviour is **Escape**

How we plan to **change the behaviour**

Reduce or Eliminate <i>Triggers</i>	Replace the Behaviour to Achieve the Same Outcome
<ul style="list-style-type: none"> <li>■ Get to know Harvey well. Use a 'One Page Profile' which identifies his interests and activities which will keep him motivated stimulated and engaged.</li> <li>■ Encourage to learn new skills and try new experiences which may include other children</li> <li>■ Encourage games which build relationships with his peers to help him to recognise the enjoyment of shared play</li> </ul>	<ul style="list-style-type: none"> <li>■ Teach Harvey to communicate how he is feeling verbally or by an alternative method so that he can let others know that he would prefer to play alone.</li> <li>■ Redirect towards an activity which will engage him but keep interaction to the minimum so that his behaviour is not rewarded with attention.</li> <li>■ Reinforce the behaviour by praising his actions when she uses behaviour that you do want to see</li> </ul>

**Example 4:** Zara is thirsty but is unable to communicate that she would like a drink, so she throws her cup at the practitioner. The practitioner gives her a drink. The function of the behaviour is **Tangible**

How we plan to **change the behaviour**

Reduce or Eliminate <i>Triggers</i>	Replace the Behaviour to Achieve the Same Outcome
<ul style="list-style-type: none"> <li>■ Use a 'One Page Profile' to get to know Zara well. Identify any body language that she may display if she is feeling thirsty and what she likes to drink</li> <li>■ Offer Zara regular drinks so that she doesn't become thirsty.</li> </ul>	<ul style="list-style-type: none"> <li>■ Avoid giving Zara a drink in response to the cup being thrown.</li> <li>■ Teach an acceptable alternative way to communicate that she would like a drink.</li> <li>■ Reinforce the behaviour you want by praising her and rewarding with her drink when she indicates she would like one in an acceptable way.</li> </ul>

## 2c: Secondary Prevention Strategies

The child is showing signs of anxiety and you can see that their behaviour could start to become unsafe and escalate towards **crisis**. What do you do? To prevent **escalation**, intervene quickly to diffuse the situation using **strategies** to help them relax and become calm again. The following are examples, but different **strategies** will work for different children.

### Do....

- Remove or decrease any known **triggers**
- Reduce or change the demands on the child
- Support individual coping strategies and relaxation techniques
- Distract and redirect to a preferred environment or activity
- Change your communication style to one the child can understand without having to concentrate as much such as visual supports of showing the child an activity. Ask yourself, “am I communicating effectively”
- Listen with uninterrupted attention to try to solve the problem
- Use humour
- Ask them to help you or give them a job to do
- Suggest they take a break and offer a quiet place to calm down
- Speak slowly and calmly and don't show agitation
- Go down to their level and don't tower over them.
- Increase space between you and them
- Allocate just one adult to support the child to de-escalate. Too many may give the impression of a power imbalance

### Don't.....

- Rush them to process information
- Show your own fear or agitation
- Panic
- Ignore them
- Blame them
- Threaten them with punishment
- Challenge them
- Plant unhelpful ideas e.g. “don't throw the chair” as this could prompt them to do this
- Give lots of information and direction which they can't process

Sometimes behaviour may start to **escalate** because the person wants something that is being denied. This is when the function of the behaviour is **Tangible**. If you continue to deny what is desired, then you risk the child's behaviour **escalating** to a **crisis** point. In this situation it may be better to let them have what they want even if it feels like you are giving in. This reduces the risk of the situation leading to them harming themselves or others. You can then plan how to change the behaviour for when the situation arises again in the future.

If secondary strategies are successful, then it will prevent **escalation** to **crisis** and reduces the chances that the child would potentially put their own or others safety at risk leading to restraint or restrictive intervention.

## 2d: Non-restrictive Reactive Strategies

When a child's behaviour becomes unsafe, this can be referred to as being in **crisis**. The child may feel very anxious, out of control and may experience unpleasant feelings such as their heart racing, shaking and feeling hot due to the amount of adrenalin racing around their body. They won't be able to listen effectively or think clearly.

To **de-escalate** the situation, we need to plan **strategies** which react to the situation to bring it under control as safely and as quickly as possible whilst using the least restrictive practice available to us.

The following are examples of **non-restrictive reactive strategies**, but different **strategies** will work for different children and these will need to be identified to ensure the approach is individualised.

- Ensure **triggers** are removed or reduced
- Reduce or remove any demands on the child
- Don't keep talking to them. Only communicate if necessary and do so calmly and quietly
- Support them with any coping strategies and relaxation known to help
- Give the person what they are asking for (if it prevents further **escalation** which may result in the need for restrictive intervention)
- Change communication style. Speak slowly, quietly and calmly. Don't ask questions.
- Be an active listener. Allow them to express how they are feeling even if this is loudly
- Distract and redirect to a preferred activity, a safe space away from others, or a preferred environment
- Give eye contact but don't stare at them
- Give them space to create a distance between you so you appear less threatening. Try to have only one adult in the situation.
- Leave the room if the child is in a safe space, it is safe to do so, and you can observe from a distance. Ensure the child can always see you so that they know they have support when they need it as their anxiety reduces. Continue to let them know you are there.
- Remove objects out the way that they could throw. If this isn't possible and they do throw objects at you, try to put distance between you, and use a cushion to protect yourself from injury
- Remove other children out of the immediate area
- Be aware of your own body language. Remain relaxed and non-threatening
- Reassure them gently

## This is the end of Step 2: Plan.

# 2 STEP

### You now know:

- The *triggers* for the behaviour
- Any unmet *needs* that the child is trying to communicate to you
- The *function* of the behaviour, or what motivates them: **Sensory; Escape; Tangible; Attention**
- How the Arousal Cycle effects behaviour
- The three stages of Positive Behaviour Support and when to use them in relation to the Arousal Cycle

You can now move to Step 3: Do.



# STEP 3

## Step 3: Do

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**Step 3** is to write and implement a ***Behaviour Support Plan*** for the child using all the information you have gathered so far, which will support you, your team and the child to change the ***behaviour of concern***



## Writing the Positive Behaviour Support plan

Positive Behaviour Support Plans are a written document which can be accessed by all staff in your setting who support the child. This will ensure that everyone is using a consistent approach rather than just doing 'their own thing'. It should incorporate all the information that is required for a Positive Behaviour Approach to include the following:

- A description of the behaviour
- The identified function of the behaviour
- Triggers and warning signs
- Primary Preventative strategies
- Secondary Prevention strategies
- Reactive strategies
- Expected outcomes – what you are aiming for
- Review and evaluation arrangements: A Positive Behaviour Support Plan is an on-going working document and should be reviewed and evaluated at regular intervals such as at the end of every term and after any incident.

It can be helpful to read a Positive Behaviour Support Plan already written for the child, however it is important for a new plan to be written for your setting as the **function** of the behaviour may not be the same and therefore the strategies will need to be different

**We can use our case study of Tommy to demonstrate this.**



**At the After School Club, Tommy was tired, uncomfortable and he was struggling to cope with the noise. There was a demand put on him to play with the other children. He runs out of the room. The practitioner then makes him comfortable in the corridor and sits with him and reassures him. Tommy relaxes and calms down**

Our analysis of the situation was that the **function** of the behaviour was to **escape** the room as finding a calm, quiet, cool space away from demands was all that he wanted to gain from the behaviour.

**Primary Strategies** which focused on managing the environment and his emotions would reduce the likelihood of the behaviour from reoccurring.



### Task 12:

Now consider now why Tommy behaved in the same way at school and what was different about the situation. Was the function the same?



In school, Tommy didn't understand his maths lesson and wasn't engaged. He wanted to go outside to do his preferred activity playing ball games. He runs out of the classroom hitting out at other children and knocking furniture out of the way. The Learning Support Assistant reacts by taking him to take part in the preferred activity

Although the **function** of this behaviour appears to be to **Escape** the school work, we need to consider what Tommy has actually gained through this behaviour before we reach this conclusion.

Tommy is known to really enjoy playing ball games outside so the **function** of his behaviour could very possibly be **tangible** as he is using the behaviour to gain a preferred activity

**Primary Strategies** which support Tommy with his school work so that he is engaged with it would reduce this behaviour. This would eliminate the need for the **secondary strategy**, the ball game which is possibly increasing the behaviour rather than changing it as Tommy is gaining something that he wants.

So, although Tommy was displaying the same behaviour in the two different settings, the **function** was different, so the **strategies** will be different too.



Take a look at the 'Behaviour Support Plan' Template on page 55

You are now ready to write your own **Behaviour Support Plan** for a child in your setting: Try to keep it simple so that it can be read and understood quickly and easily.

You need to record:

- the unwanted **behaviour of concern** you would like to change. Focus on just one initially.
- the **triggers** and **warning signs** that you identified
- the **function** of the behaviour – what is motivating the child to behave like this
- the pro-active **Primary Strategies** that you will use to reduce or eliminate **triggers**
- the pro-active **Primary Strategies** that you will use to **replace the behaviour** with something else which will achieve the same outcome for the child
- the **Secondary Strategies** that you will use when behaviour begins to **escalate** and after a **crisis**
- the non-restrictive **Reactive Strategies** that you will use if the child goes into **crisis**
- the outcome that you are hoping for. For instance, this could be to reduce the number of incidences to once a week, once a month or to eliminate altogether
- the people who have contributed and agreed to the plan. This could be a parent, carer, teacher or somebody else who knows and understands the child's needs. It is important that at a minimum the child's parent/ carer is consulted and agrees to the plan.
- How often you intend to **review** the plan. This will be explained in more depth in [Step 4: Review](#)

You could consider using a traffic light code system for your plan.

- **Green** for the **Primary Strategies** which are proactive to keep the child calm and happy
- **Amber** for the **Secondary Strategies** which are for when the child's anxiety starts to build, or when they are calming down after a crisis
- **Red** for the **Reactive Strategies** which are to keep the child and those around them safe



**Task 13:**  
**Complete a Behaviour Support Plan for the child in your setting**



Go to Step 3a for an example 'Behaviour Support Plan' for Tommy at the After School Club

## 3a: Positive Behaviour Support Plan

Positive Behaviour Support Plan			
<b>Name of child:</b> Tommy Smith		<b>Name of setting:</b> Rainbow After School Club	
<b>Start date of plan:</b> 5/8/2021			
<b>Behaviour we want to change:</b>			
Tommy hits, kicks and runs away from the club room when he feels anxious			
<b>Identified Triggers</b>		<b>Identified Warning Signs</b>	
Having a bad day at school/not receiving a sticker Tiredness Being too hot Noisy environment Not being engaged in activities Being told 'No'		Expressing worry Yawning Not wanting to join in activities Covering his ears Trying to remove a layer of clothing	
<b>Function of the behaviour:</b>			
Escape	Tangible	Sensory	Attention
Primary Prevention Strategies – Green to be happy and calm			
1. Strategies to eliminate or reduce triggers			
<ul style="list-style-type: none"> <li>■ Partnership working with the school. Find out about Tommy's day so that you are aware if there has been an incident that he may still be anxious about.</li> <li>■ A quiet area in the club rooms with cushions for resting</li> <li>■ Ear defenders when it is noisy</li> <li>■ Regulate the temperature in the Club through ventilation or fans</li> <li>■ A 'One Page Profile' which identifies Tommy's interests to keep him stimulated and engaged.</li> <li>■ Encourage to learn new skills and try new experiences to prevent boredom</li> <li>■ Avoid the word 'no', try to offer choices all of which are acceptable instead</li> </ul>			
2. Strategies to replace the behaviour to achieve the same outcome			
<ul style="list-style-type: none"> <li>■ Teach Tommy to communicate how he is feeling using visual aids such as 'check in' cards. Use regularly so that you are aware of when he is starting to feel distress and respond promptly</li> <li>■ Use a worry post box at the beginning of the session</li> <li>■ Teach Tommy to go to the quiet area when the noise is causing distress</li> <li>■ Use a choice board so that Tommy can show you what he would like to do. Ensure that the activities are varied and if outdoor play is not available, bring an outdoor game into the inside</li> <li>■ Teach Tommy how to take off a layer of clothing if he is too hot</li> </ul>			

### 3. How you will reward positive behaviour

- We will praise him when his behaviour has been positive.
- We will tell him why the behaviour was positive
- We will tell his Mum that his behaviour has been positive

### Secondary Prevention Strategies and also to use following crisis – Amber for reducing anxiety

- Check that all triggers have been reduced or eliminated
- Ask Tommy to tell or show you what is troubling him. Listen without interruption or use check in cards
- Guide Tommy to a quiet calm area and offer ear defenders
- Distract to an activity he enjoys
- Remain calm
- Give Tommy space
- Encourage Tommy to use his stress ball to support him to calm

### Non-restrictive Reactive strategies - Red for keeping the child and others safe

- Move other children away or redirect to a safe space if possible to do so without putting yourself at risk
- Don't talk to Tommy unnecessarily,
- Observe from a safe distance but ensure that he is aware that you are there for him if he needs you
- Make the environment as safe as possible by moving items that he can hurt himself on or throw
- Keep your body language relaxed and don't react to the behaviour
- Allow Tommy to express how he is feeling and don't interrupt.
- Reassure gently
- When Tommy has calmed, begin Secondary Strategies

### Outcome you are hoping for (Consider how much you would like to reduce or eliminate the behaviour)

For Tommy not to run out of the room at all, and for behaviour to just escalate to amber level once a week for the first month, and then once a month as practitioners learn and review strategies

### People who have contributed and agreed this plan (Parent/carers and/or other professionals)

Tommy's Mum and Dad. Tommy's teacher

### How often you review this plan

After every incident or once a month if no incidence has occurred

## Review Record

Date	Has the behaviour reduced in line with your planned outcome? Yes/No	Is the review in response to an incident? Yes/No	What adjustment have you made to the plan?	Name of person reviewing

# STEP 3

## This is the end of Step 3: Do.

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### You now Know:

- The *triggers* for the behaviour
- Any unmet *needs* that the child is trying to communicate to you
- The *function* of the behaviour, or what motivates them: *Sensory; Escape; Tangible; Attention*
- How the *Arousal Cycle* affects behaviour
- The three stages of *Positive Behaviour Support* and when to use them in relation to the *Arousal Cycle*
- What needs to be in your *Positive Behaviour Support Plan*

You can now move to Step 4: Review.



# 4

STEP

## Step 4: Review

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You now have a completed **Behaviour Support Plan** for the child in your setting. This is just the beginning as your plan is now a **living document** which will be in constant use and under **review**. This means that it is regularly updated so that information reflects any changes in the child's **behaviour** or progress and the strategies that are used to support them.



Your plan should be **reviewed** and updated:

- Following an incident
- When a new risk has been identified
- The child makes progress with skills and you are planning the next step
- At a minimum, the agreed time on the plan such as monthly, half termly, termly etc

## Post Incident Review

After an incident it is important to reflect to see if you could **plan** to do things differently next time.

### With the child....

If appropriate, take some time to talk with the child to allow them to express how they were feeling and why. What would have made them feel better? Their parent/carer could be included in this discussion. Consider if the **Behaviour Support Plan** requires amending to reflect what they tell you so that they are supported more effectively in the future. It is important that the child continues to feel valued and wanted at your setting to maintain their self-esteem. The behaviour is actually more of a challenge to them than it is to you as it is impacting on the quality of their life.

### With your staff team...

Take time to reflect on the incident with your staff team and give them the opportunity to talk about how they feel. Seeing a child at **crisis** point can trigger lots of emotion and a feeling of helplessness and failure. Reassure them that it is normal to feel like this, but you will continue to work as a team to support and improve the situation

Ask them to feedback the following:

- Was there a **trigger** not previously identified?
- Was there a **warning sign** that they now can see was missed?
- What **strategies** worked and what didn't?
- What would they do differently next time?
- What changes need to happen to prevent an incident in the future?



Go to 4a to see examples of recorded reviews on Tommy's Behaviour Support plan

Use the information gained to **review** and amend your **Behaviour Support Plan**. Ensure that an incident report is completed and an accident report if required. These need to be shared with the parent/carer at the earliest opportunity. Be aware that often parents feel that they are to blame for their child's behaviour and feel responsible for their actions. They may be very upset. Give plenty of reassurance that you understand this, and that you will continue to work together to resolve the difficulties.



#### **Task 14:**

**Complete a Primary Prevention Audit Tool to see how you are progressing with a proactive PBS approach in your setting. Perhaps put in your diary to complete one every six months to see how you are progressing**



**Further reading and training for a Positive Behaviour Support approach can be found on the following websites:**

**Bild:**

<https://www.bild.org.uk/positive-behaviour-support-pbs/>

**Challenging Behaviour Foundation:**

<https://www.challengingbehaviour.org.uk/>

**Health Education England:**

[https://www.hee.nhs.uk/sites/default/files/documents/The%20key%20messages%20about%20Positive%20Behaviour%20Support\\_0.pdf](https://www.hee.nhs.uk/sites/default/files/documents/The%20key%20messages%20about%20Positive%20Behaviour%20Support_0.pdf)

**Gov.UK:**

<https://www.gov.uk/government/publications/reducing-the-need-for-restraint-and-restrictive-intervention>

If you have any questions in relation to this guide, or require any further support, please contact:

The Childcare Duty Desk: **0116 305 7136**

Email: [childcare@leics.gov.uk](mailto:childcare@leics.gov.uk)

## 4a: Positive Behaviour Support Plan

Positive Behaviour Support Plan			
<b>Name of child:</b> Tommy Smith		<b>Name of setting:</b> Rainbow After School Club	
<b>Start date of plan:</b> 5/3/2021			
<b>Behaviour we want to change:</b>			
Tommy hits, kicks and runs away from the club room when he feels anxious			
<b>Identified Triggers</b>		<b>Identified Warning Signs</b>	
Having a bad day at school/not receiving a sticker Tiredness Being too hot Noisy environment Not being engaged in activities Being told 'No'		Expressing worry Yawning Not wanting to join in activities Covering his ears Trying to remove a layer of clothing	
<b>Function of the behaviour:</b>			
Escape	Tangible	Sensory	Attention
Primary Prevention Strategies – Green to be happy and calm			
1. Strategies to eliminate or reduce triggers			
<ul style="list-style-type: none"> <li>■ Partnership working with the school so difficult school days are communicated over.</li> <li>■ A quiet area in the club rooms with cushions for resting</li> <li>■ Ear defenders when it is noisy</li> <li>■ Regulate the temperature in the Club through ventilation or fans</li> <li>■ A 'One Page Profile' which identifies Tommy's interests to keep him stimulated and engaged.</li> <li>■ Encourage to learn new skills and try new experiences to prevent boredom</li> <li>■ Avoid the word 'no', try to offer choices all of which are acceptable instead</li> </ul>			
2. Strategies to replace the behaviour to achieve the same outcome			
<ul style="list-style-type: none"> <li>■ Teach Tommy to communicate how he is feeling using visual aids such as 'check in' cards. Use regularly so that you are aware of when he is starting to feel distress and respond promptly</li> <li>■ Teach Tommy to go to the quiet area when the noise is causing distress</li> <li>■ Use a choice board so that Tommy can show you what he would like to do. Ensure that the activities are varied and if outdoor play is not available, bring an outdoor game into the inside</li> <li>■ Teach Tommy how to take off a layer of clothing if he is too hot</li> </ul>			

### 3. How you will reward positive behaviour

- We will praise him when his behaviour has been positive.
- We will tell him why the behaviour was positive
- We will tell his Mum that his behaviour has been positive

### Secondary Prevention Strategies and also to use following crisis – Amber for reducing anxiety

- Check that all triggers have been reduced or eliminated
- Ask him to tell or show you what is troubling him. Listen without interruption or use check in cards
- Guide Tommy to a quiet calm area and offer ear defenders
- Distract to an activity he enjoys
- Remain calm
- Give Tommy space
- Encourage Tommy to use his stress ball to support him to calm

### Non-restrictive Reactive strategies - Red for keeping the child and others safe

- Move other children away or redirect to a safe space if possible to do so without putting yourself at risk
- Don't talk to Tommy unnecessarily,
- Observe from a safe distance but ensure that he is aware that you are there for him if he needs you
- Make the environment as safe as possible by moving items that he can hurt himself on or throw
- Keep your body language relaxed and don't react to the behaviour
- Allow Tommy to express how he is feeling and don't interrupt.
- Reassure gently
- When Tommy has calmed, begin Secondary Strategies

### Outcome you are hoping for (Consider how much you would like to reduce or eliminate the behaviour)

For Tommy to not go beyond amber level at any point. For Tommy not to reach amber level after 6 months of the plan being implemented more than once a month

### People who have contributed and agreed this plan (Parent/carers and/or other professionals)

Tommy's Mum and Dad. Tommy's teacher

### How often you review this plan

At the end of every half term or after an incident when level red was reached

## Review Record

Date	Has the behaviour reduced in line with your planned outcome? Yes/No	Is the review in response to an incident? Yes/No	What adjustment have you made to the plan?	Name of person reviewing
10/3/2021	No	Yes	Amendment made. Addition of a stress ball to Amber	Sarah Brown Club Leader
15/3/2021	No	Yes	No adjustment necessary. Staff team reminded to reduce triggers	Sarah Brown Club Leader
25/3/2021	Yes	Yes	Amendment made. Addition of beginning to teach Tommy how to take off a layer of clothing if hot.	Sarah Brown Club Leader
15/4/2021	Yes	No	No amendment required	Sarah Brown Club Leader

**This is the end of Step 4:  
Review.**

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**4**  
STEP

**This brings us to the end of our PBS  
Support Tool. ■**

# Tools

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'ABC Chart' Template

'The Motivational Assessment Scale' Template

'Behaviour Support Plan' Template

'Manager's PBS Primary Prevention Audit' Tool



# ABC Chart Template

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A: Antecedents	B: Behaviour	C: Consequence

# The Motivational Assessment Scale Template

**Name:**

**Rater:**

**Date:**

**Behaviour Description:**

**Setting Description:**

**Instructions:** The Motivation Assessment Scale is a questionnaire designed to identify those situations in which an individual is likely to behave in certain ways. From this information, more informed decisions can be made concerning the selection of appropriate reinforcers and treatments. To complete the Motivation Assessment Scale, select one behaviour that is of particular interest. It is important that you identify the behaviour very specifically. Aggression, for example, is not as good as a description as hits his sister. Once you have specified the behaviour to be rated, read each question carefully and circle the number that best describes your observation of this behaviour.

Never=0	Almost Never=1	Seldom=2	Half the Time=3
Usually=4	Almost Always=5	Always=6	

1.	Would the behaviour occur continuously, if this person were left alone for long periods of time, for example, several hours?	0	1	2	3	4	5	6
2.	Does the behaviour occur following a request to perform a difficult task?	0	1	2	3	4	5	6
3.	Does the behaviour seem to occur in response to your talking to another person in the room?	0	1	2	3	4	5	6
4.	Does the behaviour ever occur to get a toy, food, or activity that this person has been told that he or she can't have?	0	1	2	3	4	5	6
5.	Would the behaviour occur repeatedly in the same way for very long periods of time if no one were around, for example rocking back and forth for over an hour?	0	1	2	3	4	5	6
6.	Does the behaviour occur when any request is made of this person?	0	1	2	3	4	5	6
7.	Does the behaviour occur whenever you stop attending to this person?	0	1	2	3	4	5	6
8.	Does the behaviour occur when you take away a favourite toy, food, or activity?	0	1	2	3	4	5	6
9.	Does it appear to you that this person enjoys performing the behaviour? (It feels, tastes, looks, smells, and sounds pleasing.)	0	1	2	3	4	5	6
10.	Does this person seem to do the behaviour to upset or annoy you when you are trying to get him or her to do what you ask?	0	1	2	3	4	5	6
11.	Does this person seem to do the behaviour to upset or annoy you when you are not paying attention to him or her, for example, if you are sitting in a separate room, interacting with another person?	0	1	2	3	4	5	6
12.	Does the behaviour stop occurring shortly after you give this person the toy, food, or activity he or she has requested?	0	1	2	3	4	5	6

13.	When the behaviour is occurring does this person seem calm and unaware of anything else going on around him or her?	0	1	2	3	4	5	6
14.	Does the behaviour stop occurring shortly after (one to five minutes) you stop working or making demands of this person?	0	1	2	3	4	5	6
15.	Does this person seem to do the behaviour to get you to spend some time with him or her?	0	1	2	3	4	5	6
16.	Does this behaviour seem to occur when this person has been told that he or she can't do something he or she had wanted to do?	0	1	2	3	4	5	6

## Scoring Sheet

	Sensory	Escape	Attention	Tangible
	1.	2.	3.	4.
	5.	6.	7.	8.
	9.	10.	11.	12.
	13.	14.	15.	16.
<b>Total Score (Total of each column)</b>				
<b>Mean Score (Total ÷ 4)</b>				
<b>Relative Ranking (Highest score = 1).</b>				

## Instructions for using the motivation assessment scale

The person filling out the form had to be familiar with the individual who has the behaviour challenge. To direct our understanding of the behaviour challenge to the intent of the challenge versus the way it appears or make us feel. To understand the correlation between the frequency of the challenging behaviour and its potential for multiple intents. To identify those situations in which an individual is likely to behave in certain ways for example, placing work demands often leads to head banging. OUTCOMES: To assist in the identification of the motivation(s) of a specific behaviour. From: Duran, V.M. & Crimmins, D.B. (1988). Identifying the variables maintaining self-injurious behaviour. *Journal of Autism and Developmental Disorders*, 18, 99-117. Adapted by J.M. Cafiero

# Behaviour Support Plan Template

Positive Behaviour Support Plan			
Name of child:	Name of setting:		
Start date of plan:			
Behaviour we want to change:			
Identified Triggers	Identified Warning Signs		
Function of the behaviour:			
Escape	Tangible	Sensory	Attention
<b>Primary Prevention Strategies – Green to be happy and calm</b>			
<b>1. Strategies to eliminate or reduce triggers</b>			
<b>2. Strategies to replace the behaviour to achieve the same outcome</b>			
<b>3. How you will reward positive behaviour</b>			

**Secondary Prevention Strategies and also to use following crisis – Amber for reducing anxiety**

**Non-restrictive Reactive strategies - Red for keeping the child and others safe**

**Outcome you are hoping for (Consider how much you would like to reduce or eliminate the behaviour)**

**People who have contributed and agreed this plan (Parent/carers and/or other professionals)**

**How often you review this plan**



## Manager's PBS Primary Prevention Audit Tool

PBS Primary Prevention Characteristic	PBS Practice Checkpoint	Date 1st Audit	Date 2nd Audit	Date 3rd Audit
		Comments	Comments	Comments
<b>Relationships and Positive social interactions</b>	<p>Staff have a positive relationship with the child, know them well and interact frequently with them in a way that they enjoy and can understand.</p> <p>The child is supported to develop relationships with their peers and has a feeling of belonging.</p>			
<b>Supporting Communication</b>	<p>Staff support the child's communication and understanding using a range of methods which meet the child's individual needs and empower the child to express feelings and personal choices.</p>			
<b>Support to develop play and independence skills</b>	<p>Staff have identified the child's preferences and what motivates them. They use this information to give tailored assistance to help the child participate and engage in preferred play and activities and support them to learn new skills and try new experiences.</p>			
<b>Suitable physical environment</b>	<p>The environment has been adapted as far as possible to meet the child's needs in respect of space, light, temperature, predictability and sensory stimulation. Staff are aware that behaviours of concern are less likely when the environment is right.</p>			

PBS Primary Prevention Characteristic	PBS Practice Checkpoint	Date 1st Audit	Date 2nd Audit	Date 3rd Audit
		Comments	Comments	Comments
<b>Support to maintain health and comfort</b>	Staff are attentive to the child's health and comfort. They identify pain, discomfort and the need for rest, putting measures in place to relieve these. Staff are aware that behavioural challenge is more likely when the child is in pain, unwell, is uncomfortable or tired			
<b>Skilled, mindful staff</b>	Staff have received PBS training. They understand general causes of behavioural challenges and the specific cause of the child's behaviour.  They do not take it as personally directed at them.  They use an ABC chart to support their understanding of the child's individual behaviour and to identify the function			
<b>Effective organisational context</b>	Support for the child is well organised, consistent and a PBS approach informs the values, culture, policies and procedures of the setting.			
<b>Effective management</b>	Staff have clear roles and there is effective team work. They are supported by leaders who understand, support and practice the PBS model and ethos and recognise that behaviours of concern are less likely when staff are well supported and have the necessary skills			

(Adapted from the 'Capable Environments' Tool *McGill et al 2014*)



If you have any questions in relation to this guide,  
or require any further support, please contact:

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