

|  |
| --- |
| Behaviour support plan  |
| Template |

The following behaviour support plan template provides an example on how information discussed in the *Practice guide: Behaviour planning to best support children and young people in out of home care*, can be coordinated into a document for an individual child or young person.

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Gender |  |
| Date of this plan  |  |
| Date of first plan |  |
| Prepared by |  |

# Who is the child/young person?

For example: Living situation, family background, family contact, relationships (with family, support staff, other household members), education setting, stages of development/milestones, cultural factors, primary language, social/recreational groups, respite arrangements and court order/case plan.

|  |
| --- |
|  |

# What are some of their core needs?

What behaviour or emotional factors are the most troubling or compromising of this child or young person’s functioning and care?

Are there any diagnostic considerations (level of intellectual disability, physical or sensory impairments, mental health, medical conditions). When they were last assessed; how do the symptoms present for the child; and what additional supports /treatment is the child or young person receiving to address these needs?

|  |
| --- |
|  |

# What does the child/young person like?

What makes the child or young person happy? What helps calm them?

|  |
| --- |
|  |

# What does the child/young person really want to happen in their life?

Describe three wishes the child or young person has for themselves in their voice.

Consider what they want to happen in terms of home, school, recreation, friends and family. What kinds of activities and relationships would the person like to develop for the future in each of these areas? Have these goals been expressed by the person or by the writer on their behalf?

|  |
| --- |
|  |

# What does the child/young person find difficult?

For example: being in busy places or alone, having people touch them, understanding or being understood by others, depending on others for personal care tasks, using fine or gross motor skills, changes in environment or routine, waiting, noise, perceived rejection/abandonment etc.

|  |
| --- |
|  |

# How does the child/young person communicate?

For example: using facial expressions, two to three word phrases, sentences, gestures, sign, pictorial or objects cues, communication aids/assistive technology, behaviour/actions etc.

|  |
| --- |
|  |

# What is the best way to communicate with the child/young person to ensure understanding?

For example: single words, short sentences, gesture, sign, pictorial or object visual cues, written instructions, tone of voice, communication aids/assistive technologist etc.

Has a speech assessment been conducted? When was this? What were the results/recommendations?

|  |
| --- |
|  |

# Describe the behaviour/s of concern

What does the behaviour look like? Provide as much detail as possible. For example, young person uses right clenched fist to forcefully hit others on upper arm, child bites their right hand and thumb, absconding etc.

|  |
| --- |
|  |

# Possible triggers (settings, people and time of day)

When is the behaviour most likely to occur? For example: physical settings, day, time of day, activities, characteristics of people and interaction style, staff changes, hunger, pain, illness, menstrual cycle, trauma triggers, contact with particular family members, court etc.

|  |
| --- |
|  |

# What are the significant aspects of the child/young person’s life that may contribute to the behaviour of concern?

For example: trauma background, family/household dynamics, educational and vocational settings, limited relationships with family or friends, grief & loss issues, chronic medical or mental health conditions, carer or staff relationships, sexuality, culture bias, gender bias, level of intellectual disability etc.

|  |
| --- |
|  |

# Based on the information collected above what is the most likely reason/s the person engages in each behaviour of concern?

Please comment on what need do you think is being met by the child/young person’s behaviour and/or the contribution of an absent skill?

|  |
| --- |
|  |

# Positive strategies

## Proposed changes to the environment

For example: increasing access to preferred activities and experiences, increase predictability (consistent staffing, house rules, Who’s Here Today board etc.), positive stimulation, positive communication, increased opportunities for choice, visual prompts and supports.

|  |
| --- |
|  |

## What new skills the child/young person needs to develop as replacement behaviour?

For example, promoting problem solving and decision-making skills (brainstorming solutions and making plans), general skill development. (doing more things for themselves), effective communication skills (how to seek help or attention from others if needed); and coping skills (what to do when feeling angry, how to put words to emotions or calming skills such as controlled breathing).

|  |
| --- |
|  |

## What are the child’s goals?

|  |
| --- |
|  |

## Behaviour support quick guide for carers and staff

This is a condensed guide for carers and staff to be aware of for the child/young person - implementation of these strategies can avoid the escalation of behaviours of concern.

## Short term and long-term goals:

|  |
| --- |
|  |

## Proactive strategies

| Changes to the environment | Skills building  | Short term strategies  |
| --- | --- | --- |
|  |  |  |

## Do’s and don’ts

| Do’s  | Don’ts |
| --- | --- |
|  |  |

# Behaviour Response Plan

| What to consider | Early warning signs | Low level behaviour | Severe behaviour | Calming down | Recovery |
| --- | --- | --- | --- | --- | --- |
| **What does this look like?** |  |  |  |  |  |
| **How to support person/intervention strategies?** |  |  |  |  |  |

## Who is involved in the child or young person’s Behaviour Support Plan?

| Name | Role/responsibility | Contact details |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| To receive this template in an accessible format phone 9096 7366, using the National Relay Service 13 36 77 if required, or email Robyn Gumley <robyn.gumley@dhhs.vic.gov.au>Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.© State of Victoria, Department of Health and Human Services, December 2018.Where the term ‘Aboriginal’ is used it refers to both Aboriginal and Torres Strait Islander people. Indigenous is retained when it is part of the title of a report, program or quotation.Available at the [out of home care program requirements webpage](https://providers.dhhs.vic.gov.au/program-requirements-out-home-care-services) <https://providers.dhhs.vic.gov.au/program-requirements-out-home-care-services> |