



**TRAFFORD  
COUNCIL**

# **A Graduated Approach**



## **Supporting Children's Behaviour in the Early Years**

Special Educational Needs Advisory Service (SENAS)

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## Introduction

### Behaviour Management Statement

Children need to have clear boundaries in order to learn, grow and be safe. It is important to set boundaries in a positive and consistent manner, which will help children to develop a sense of the significance of their behaviour and its effect on others.

1.24 “High quality teaching that is differentiated and personalized will meet the individual needs of the majority of children and young people. Some children need educational provision that is additional to or different from this”

The SEND Code of Practice 2015.

Restriction on children’s desire to explore and develop their own ideas should be kept to a minimum. Practitioners should value and respect children and be attentive to their needs.

Children should not be disciplined unnecessarily. For example, if a child wets their pants they should be changed not chastised. Practitioners should support children in problem solving and negotiation so they can interact positively with others.

All setting must operate a ‘No Smacking’ policy. Under no circumstances should children be subject to humiliation or verbal intimidation.

#### Children Act 1989

Guidelines regarding behaviour sanctions are contained with the Children’s Act 1989

Namely: the sanctions applied in the case of unacceptable behaviour will take into account

- The age and stage of development of the child
- Be relevant to the incident
- Be seen to be fair

#### Children Act 2004

Settings should fully co-operate and work in partnership with the local authority and other organisations’ in promoting the physical and mental health and emotional well-being of all children in their care. Your approach to behaviour management should be designed to support such aims.

## **Trafford's Graduated Approach**

Trafford Council have produced a 'Graduated Approach' online guidance document for working with children with Special Educational Needs or Disabilities in early year's settings and mainstream schools.

Within this document you will find lots of useful information and practical guidance around supporting children's behaviour, in particular good practice when working with children with Special Educational Needs or disabilities. You will find the identified strategies set out in the 'Assess, Plan, Do, Review' sections particularly useful, these include advice around supporting children's cognition and learning, communication and interaction, social, emotional and mental health and sensory impairment.

## **Behaviour Management Procedures**

All practitioners should be committed to;

- Attending relevant training regarding behaviour issues where appropriate to support children in their care
- Act as positive role models for children, parents and carers alike – children learn more by example than by words.
- Discouraging children from biting, hitting, kicking, pushing, swearing and inflicting damage to equipment, property, or others work.
- Ensuring unacceptable behaviour is dealt with 'there and then' – with the child's parents informed of the behaviour and action taken.
- Observing and recording the behaviour of children, both positive and negative. These observations are confidential and should be kept in the child's own file.
- Keeping parents and carers informed of such issues on a daily basis and ensuring observations or records kept are available for parents to read and discuss.
- Offering advice and practical support to parents/carers as appropriate.
- Contributing to the review of the settings 'Behaviour Policy' on an on-going basis taking into account any new guidelines/legislation.

## **Working in Partnership with Parents and Carers**

The views of parents/carers must be given due consideration with regard to supporting their child's behaviour. Practitioners should find out what measures parents take at home to deal with unwanted behaviour. Where appropriate these should be incorporated into individual support plans. This will ensure identified strategies are consistent both at home and within the setting.

## **Practical techniques to support children's behaviour**

Parents/carers should be informed of the techniques you intend to put into practice and encourage their use at home – this further supports consistency for the children and will help to alleviate stressful situations by highlighting clear strategies.

The following strategies are consistent with those identified in the 'Incredible Years' parenting courses. You may want to consider signposting parents to 'Incredible Years' training if they are struggling to support their child's behaviour. Referral can be made through your local children centre. Information regarding referral is detailed on page 37

The strategies detailed are at a universal level and should part of the high quality provision you offer, referred to as 'Quality First Teaching'. Quality First Teaching ensures appropriately planned experiences and provision. Some children may need further support that is additional to or different to that generally provided for children of the same age. Information about Quality First Teaching can be found on in the 'Trafford Graduated Approach' online document.

Settings may adopt the following techniques in dealing with children's behaviour.

- **Consistency**

All children will be treated as individuals using techniques appropriate for their age and stage of development. We will adopt the techniques detailed to ensure consistency in our approach and care of the children.

- **Positive Approach**

We talk calmly to each other and the children using positive phrases e.g.  
'Show me how you can keep the sand in the tray'

Rather than:

'Don't throw the sand on the floor'.

- **Talking and Listening – problem solving**

We explain the consequences of children's behaviour to them. We encourage them to discuss what they have done and how they could do it differently, thereby encouraging their own problem solving skills. We avoid no-win situations e.g. I will not demand a child says sorry but suggest it to them.

- **Praise and encouragement**

Children respond to attention - by giving attention for good behaviour and effort, this often leads to children's good behaviour continuing.

All staff may want to make a point of targeting praise around behaviours you have identified as desirable. For example, when working on an identified area and the child complies, make sure this is recognised. Likewise, make a point of giving lots of praise and attention when any child in the room complies with this desired behaviour. This will reinforce the behaviour to the child.

- **Planned ignoring**

We will purposefully 'ignore' attention seeking behaviour. Practitioners will remain fully aware of the child and their actions at all times. The child will not be given the attention they are trying for by doing something unacceptable e.g.

‘A child throwing toys on the floor to gain the attention’

This form of unwanted behaviour will be 'ignored' until they stop – if they do not pick up the toys they threw they will be asked to. This method works well alongside other techniques and can only be used in situations that do not pose any threat of danger.

You may also want to distract yourself from the situation. You could do this by instigating a conversation with another staff member/child or through looking out of the window and commenting on the weather. This will show the child that you are not paying attention to their behaviour. In doing so the child may stop the unwanted behaviour as they are not receiving the attention they are seeking.

- **Distraction**

I will distract children from ‘inappropriate behaviour’ and engage them in other activities when appropriate e.g. a child who persists in turning on taps would be encouraged to play in the water area.

- **"When.....then"**

I will give children clear instructions of what we would like them to do and the consequences should they comply e.g. "When you pick up the bricks you have thrown, then, you may choose where you would like to play".

- **Time out**

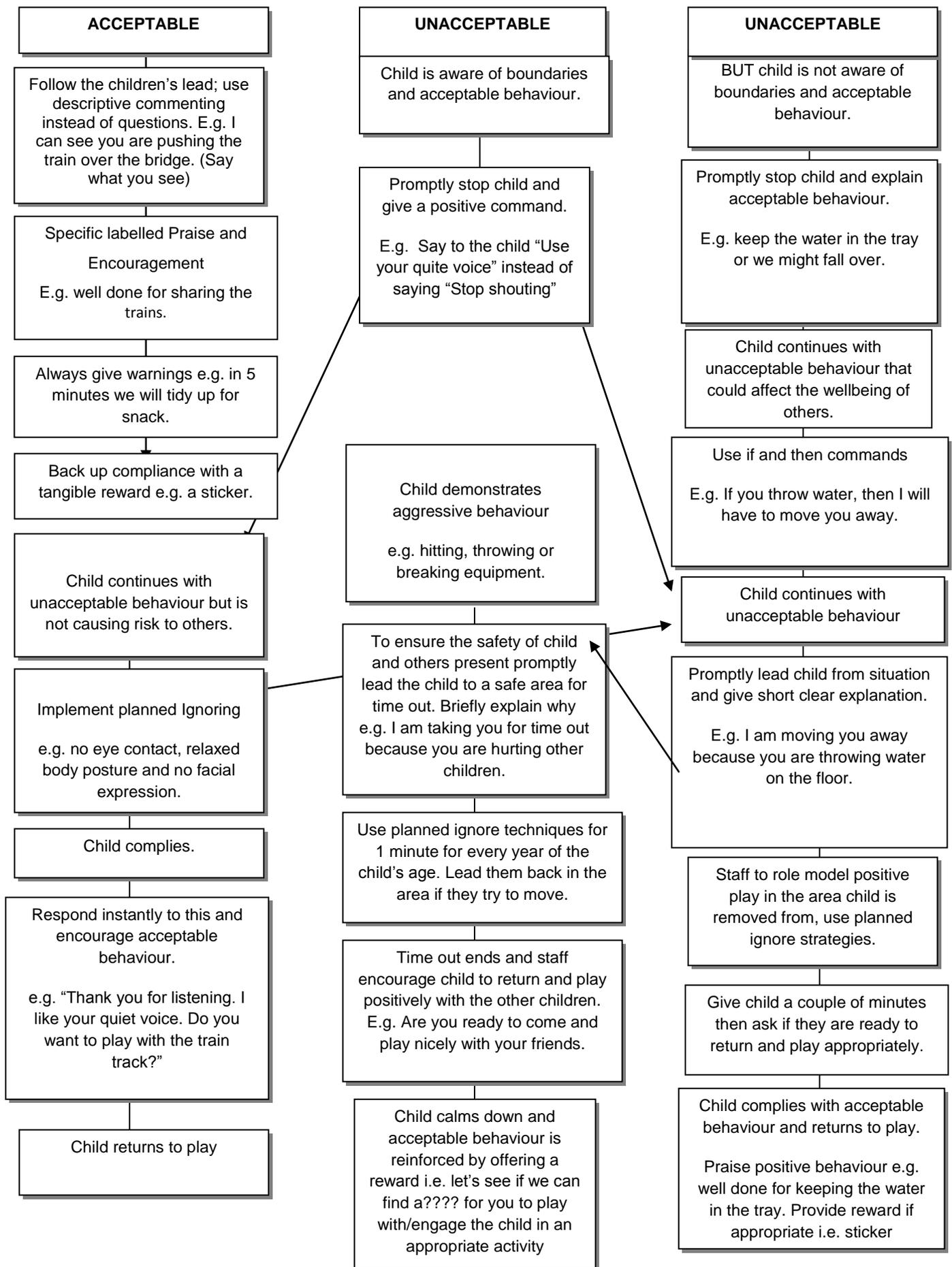
When a child continues with unacceptable behaviour, you may remove them from the situation for a short time – this is known as **‘time out’**. When the child calms down and is ready to return to the situation they will be re-introduced. For example, they will be invited to come back and play. It is important not to ask a child to apologise at this time as this is likely to lead to escalation of the situation again. Instead teach the child about the impact of their actions through quality teaching methods such as role play or story time as part of your usual planning. Time out is used as a last resort when other strategies have been tried and proved unsuccessful. It is important to remember that time out is not a punishment. You are giving the child space to work through their emotions, in order that they learn to regulate their feelings and emotions. By responding to the child when they calm down, you are showing the child that this is a better way to negotiate what they want.

Remember that there is a fine line between a child being angry or emotionally upset because they cannot understand or cope with a situation. Staff should immediately comfort any child who becomes distraught. It is also important to re-engage the child as soon as they return to play. For example, if the child had been snatching a toy doll from another child, you may say to the child, 'let's see if we can find you a doll to play with'.

### **In addition to the previous strategies you could also**

- Give children an advanced warning –for example “in 2 min we will be tidying up” This gives children time to wind down and prepare for the change
- Use a low arousal tone of voice – a high tone may increase sensory seeking behaviours
- Avoid using “no” as a response unless there is imminent danger
- Use planned ignore followed by distraction for disruptive behaviours
- Give two choices, for example, do you want to tidy up by yourself or with help? Giving a child a choice gives them some autonomy. They will usually choose one of the options offered.
- Give positive, concise instructions, for example please walk (rather than don't run). This is effective as children often miss the first part of an instruction, for example they may hear you say 'run' rather than 'don't run'.
- Praise lots, for example, good walking or good listening (this must be genuine)
- Avoid a question if you are giving an instruction or a question they can answer **no** to unless you are happy for a **no** answer. For example, 'would you like to tidy up now? This is a question rather than an instruction; therefore a child may answer 'no'. What you could say is, 'It is time to tidy up now, would you like to tidy the bricks or the cars?'
- Use visual clues to support children's understanding, for example you could use a traffic light system or a sand timer to help children to take turns with activities or to support change. You may also find timers on the computers or applications you are using.
- You could use now and next cards to encourage children to take part in activities that do not follow their interest. For example, the now card is used for what you are doing now (Adult led activity), followed by the next card, which may be an activity the child enjoys/prefers.
- Ensure consistency by making sure all staff agree with the identified strategies.

**The flow chart below demonstrates how strategies should look in practice**



## **Biting**

Biting is common behaviour in children between the ages of fourteen months to two and a half. It mostly occurs in very young children who have little language – it tends to stop as language develops.

Small children may also bite because of hunger, teething, anger or boredom. They may not have enough access to favourite toys, or may be reacting to a transition such as giving up a dummy or having a new sister or brother.

Biting may persist in children who have additional needs for various reasons:

It is a powerful way of telling people something is not right if the child lacks speech. Children in this situation can feel overwhelming frustration or distress and biting is a way of expressing this.

### **What can you do?**

Firstly you should rule out any medical or dental reasons such as toothache. If there is no medical reason, you need to work out the cause of the biting.

The ABC chart is a good way to identify possible underlying causes (see page 16/17).

### **Possible solutions could be:**

- **Helping the child to express their feelings**

If the child is biting because of frustration your strategy could be to find different ways to help the child express their feelings and to communicate.

For example, use pictures, photographs or symbols that they can use to convey their needs, express their feelings or to make choices.

- **Offer more sensory input**

If the child needs more sensory input, consider offering more crunchy snacks such as apples, carrots, crackers and dried fruit. You could keep a bag of chewy things ready as needed. You could try teething rings to chew on or “chewy tubes”. These are cylindrical pieces of safe, non-toxic, rubber tubing. Studies have shown that they provide a focusing and calming function and release stress.

- **Calm and distract**

If the child is distressed try to calm them and distract them with activities they enjoy.

## **Hitting**

All young children can feel intense frustration at not being able to communicate their needs and wishes. They may occasionally hit another child through jealousy or not wanting to share toys or attention. With help, they learn to deal with their anger and frustration in socially acceptable ways.

### **What can you do?**

Firstly use your ABC chart to identify behaviour triggers. You may be able to support the child by

- **Gradually building their understanding**

If the child is upset by changes in routine or by unfamiliar people, you can help build their understanding of the sequence of events across the day. The 'Picture Exchange Communication System' (PECS) and/or visual timetables can be helpful in showing a child the sequence of events and routine for the day. However, PEC's should only be used in conjunction with advice from a speech and language therapist.

Pictures or photographs can be used in various ways, for example, if the child finds meeting new people difficult you could show them a photograph of the person before they meet them or you could show photographs of places you are going to visit. You can use photographs taken at the setting to create a visual timeline.

- **Providing sensory stimulation**

If the child is looking for sensory stimulation, provide it in other ways e.g. pinching play-dough, clapping hands, singing a clapping song/rhyme, kicking a football, pounding cushions or going on a swing. The aim is to replace the unwanted behaviour. For example pinching play-dough may replace pinching children or kicking a ball to replace kicking others.

- **Using rewards**

Reward the child for doing something you want them to do when they don't want to.

- **Being calm and redirecting**

Straight after the undesirable behaviour, say in a calm voice without showing emotion, "Stop pinching, slapping, kicking" and then direct them to another activity.

## **Attention and hyperactivity difficulties**

Suggested techniques to support children's behaviour;

- Have a clear daily routine
- When giving instructions be specific and make sure requests are reasonable
- Set boundaries that are easy to understand
- Remain consistent
- Remove disruptive or disturbing elements from their daily routine
- Plan activities that will help to lengthen the child's concentration span and ability to focus on tasks
- Communicate regularly with the child on a one to one basis
- Regularly use rewards to reinforce positive behaviours
- Use sanctions for unacceptable behaviour
- Work in partnership with the child's parent/carers

## **Managing feelings & emotions**

Young children often struggle to manage their feelings. This is because they haven't developed the necessary maturity to do so. You can support children's understanding of their feelings and emotions whilst also helping them to recognise how their actions impact on others.

For example, you can explore feelings through stories and role play. You might want to use puppets to act out scenarios familiar to the child. Remember to keep language and questions simple. How would you feel? Why is he sad?

## **General things to remember**

Don't over react

Prepare for some low level disruption

Use diversion and allow time for compliance

We live with the idea that the world should be a certain way – basically the way we would like it to be. Unfortunately life is how it is – which is not always the way we want it to be. There is a gap in between. We have to learn how to tolerate the bit in the middle.

The more we are concerned with the things we have no control of – the greater the stress. Try not to let these things influence you. Instead focus on the things you can do something about.

## **The Environment**

Environmental factors such as noise or lighting can have a major impact on the way a child behaves. Some children and young people experience over sensitivity to noise, touch, smell, taste or visual input, while others may experience under sensitivity and display 'sensory seeking' behaviours.

Consider if your environment supports the vulnerability of children with an Autistic Spectrum Condition (ASC) to environmental distractions, in terms of acoustics, smells and lighting. For example, the use of daylight florescent light tubes and the buzzing sound they create can be distracting. Good natural light is best so long as the light coming in is not too bright. Sensory sensitivities may vary throughout the day and be exacerbated by stress, which can impact on a child's behaviour, concentration or physical comfort.

Adaptions should be made where necessary, for example, the creation of a quiet area, or regular breaks from the hustle and bustle of the main room could be incorporated into the daily routine for a particular child or the creation of a sensory base to help ease anxiety may prove useful. It is important to ensure all staff are aware if a child experiences physical pain in a different way and that all staff are aware of children's sensory sensitivities.

Refer to Trafford's Occupational Therapy guidance for further information about sensory needs. This document is available on Trafford's Local Offer Graduated Approach Pages under Physical and Medical Needs section <https://www.penninecare.nhs.uk/media/497279/sensory-processing-pre-referral-advice-v2.pdf>

## **Free Play**

If most incidents occur during free play, does the child know what to do and what to expect? Give the child small tasks or play activities to keep them engaged. Acknowledge the child often and give praise regularly. Encourage them to play alongside one or two peers. It might be helpful to model play activities to them, for example, how to use the home corner or how to access the painting area.

## **Group Activities**

If most incidents occur during group times give consideration to the following;

- Is the child ready to join in group activities? Can another adult spend time with the child during group times, whilst gradually introducing them to the larger group? For example, on day one, the child joins the group at the end of the session for two minutes, on day two for 3 minutes etc.
- Is the language used appropriate for the child? Could you use props to aid understanding and make the activity more appealing to the child?
- Can the child see or hear what is happening?

- Does the child have enough space to move around without contacting children near him/her? Do they have a long time to wait for the story to start or to take their turn?
- Do staff expect children to sit longer than they are developmentally able.
- Does a staff member sit with and engage children at this time? For example, would it be more appropriate for children to be read to as opposed to them being expected to choose a book and sit quietly.

### **Communication**

Young children can only absorb so much information, especially if they have a limited vocabulary.

Keep your communications short and brief. Ask a child a question to gauge their understanding. Young children are easily distracted; they may not remember what you have said.

Simple questions can help you check if the child has understood. For example, where should the water stay in water play? Or where should the water be, in the sink/tray or on the floor?

Be consistent with children; do not confuse the child by giving different verbal responses.

Words and actions need to match. It is not good to say to a child 'it's story time' if you are not on the carpet ready to read to the children.

### **Catch the child being good**

Children can learn that the way to get attention is by being difficult, attention is rewarding, even negative attention is better than none at all. Comment on as many instances of desirable behaviour as possible. For example, "you listened really well there – fantastic"

### **Rewards**

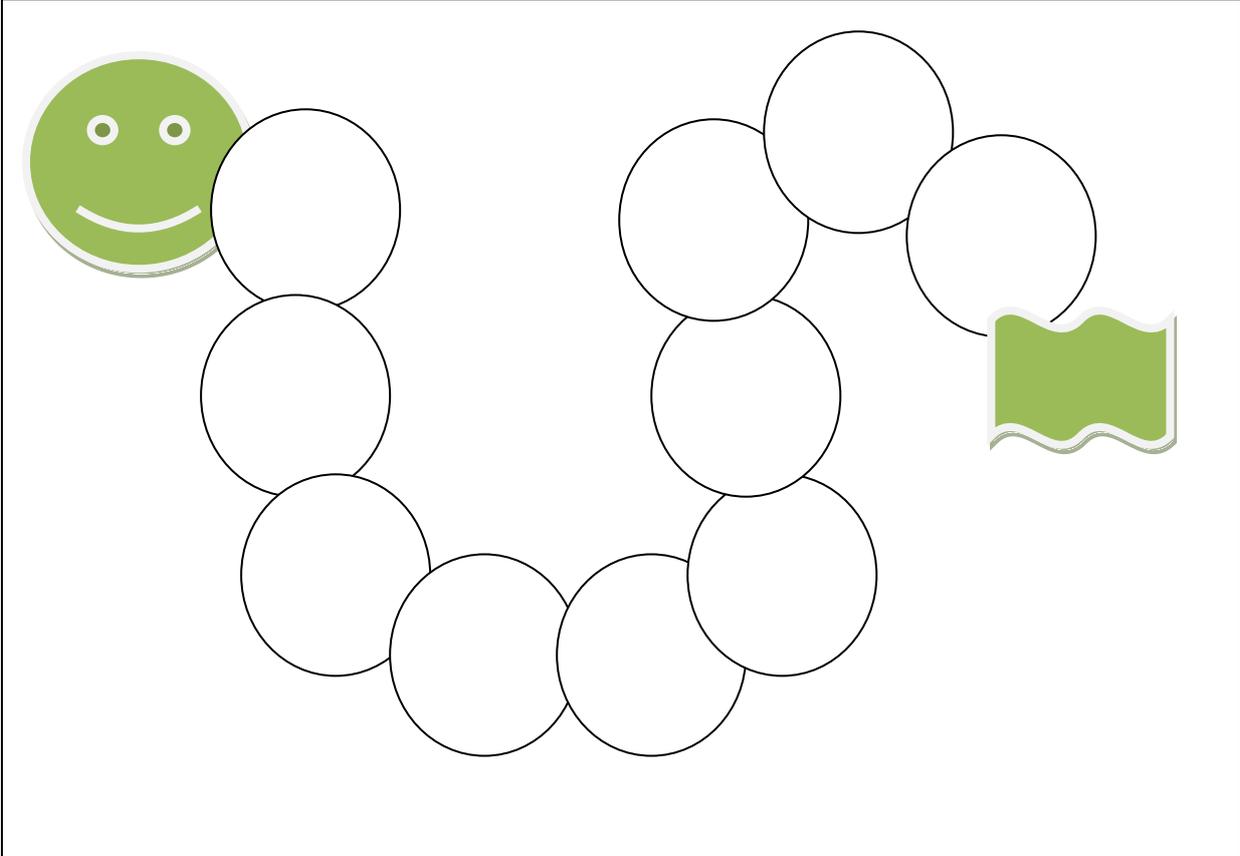
Most children respond well to reward systems such as regular praise and encouragement, stickers, sticker charts or certificates. Reward charts are used to recognise positive behaviour, with instances of positive behaviour marked on the chart with a sticker or mark. Once the required number of stickers has been received the child receives a reward. Children love praise and attention and reward charts remind you to praise children on a regular basis, giving positive reinforcement each time the child behaves in the desired way. Reward charts help overcome negative behaviour by encouraging positive behaviour.

When using a reward chart define 'good' behaviour and explain this to the child. For toddlers and young children, keep this simple by trying to address one issue only. For young children avoid having more than 10 steps to achieve the reward. If the child doesn't understand the process wait a few months and try again. In the meantime you could give out praise and stickers to instantly reward desired behaviours. When working with children who have additional needs, instant rewards

are a more appropriate way to encourage positive behaviour. Some children with additional needs will not be able to wait until they have earned enough stickers or may struggle to understand the process. It may be more appropriate to use an alternative form of reward system. For example, you could use photographs or objects of reference to demonstrate a 'when & then' approach 'When' could be a task such as hanging up their coat, followed by 'then' where they get to do an activity that they particularly enjoy.

### Sample toddler reward charts

**This sticker chart belongs to:**



**My Goal for the week is to:** **My reward is:**

<b>This week I will</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Help to tidy up					

## Identifying Triggers to Children's Behaviour

In order to support children's behaviour it is important to first identify the reason behind the unwanted behaviour. Children's behaviour can be influenced by many factors. Rather than focusing on the behaviour, try to look underneath to find out what is causing the behavior.

Consideration should be given to the following questions:

- Are staff consistent in their approach?
- Are expectations of children realistic? Are children aware of boundaries?
- Are children enthusiastic about their play or do they appear bored?
- Are you providing enough challenge within children's play?
- Are you giving mixed messages? For example, a child splashes water, adults smile and laugh. The next day a child is chastised for splashing water.
- Are there enough resources? Two year olds may find sharing difficult; do you have enough resources to go around?
- Do you prepare children for transition or change? For example, a child is fully engrossed in a painting activity. Staff announces to the children that it is time to tidy up and the paint is immediately cleared away. The child becomes frustrated and upset because they cannot finish their painting.
- Are children given enough opportunity to play outdoors and let off steam?
- Are times of transition triggers for unwanted behaviour due to anxiety? For example, does a tantrum help a child avoid a situation they are fearful of?
- Is a child acting out things that have happened to them or hitting out before being hit?
- Do staff model behaviour to children, for example at tidy up time?
- Do staff model the wrong behaviours/ causing confusion? For example a staff member tells children not to climb onto the table, whilst often sitting down on the edge of the table to talk to children.
- Do you use visual prompts to demonstrate the sequence of routines?
- Do you do activities that help children to explore feelings, for example, role play scenarios, and games exploring facial expression or stories?
- Do you mediate between children; for example, open up the idea that others are thinking something different.
- Do you mediate between adults and children, for example, what might be the reason the adult said no?
- Have staff attended appropriate training recently?
- Are rules or expectations different at home to the setting causing confusion?
- Is the child tired, hungry or thirsty? Is the child in pain?
- Does this behaviour always happen in the presence of another child?
- Is the behaviour purposeful?
- Does the child have a sensory impairment, medical condition or specific learning difficulty that might affect their behaviour?
- Does the child require a hearing test?
- Does a limited ability to communicate and use language cause frustration?

## Observation and Recording

You might want to observe a child when they do not respond to the usual strategies identified within your behaviour policy. When observing a child it is important to gather as much detail as possible in order to identify possible triggers. Examples of how you might record your observations are provided on the following pages.

Parents should also be encouraged to observe and record their child's behaviour in the same way at home. Early years settings must have regard for the wishes and insights of parents and the children themselves and should recognise

- 1.1 "the importance of the child or young person, and the child's parents, participating as fully as possible in decisions, and being provided with the information and support necessary to enable participation in those decisions"  
SEND Code of Practice 2015.

Information gathered through observation should be used to identify appropriate strategies or interventions to support the child's behaviour both at home and in the setting. This will ensure consistency for the child and also offer insight to parents about appropriate behavior management strategies.

The aim of your observations is to identify patterns of behaviour, for example, does it always happen at the end of the day? This might indicate the child is tired and needs quieter activities at this time or does it always occurs before lunch, which may indicate the child is hungry, where a small snack between breakfast and lunch may be the solution.

It is also important to examine how a child responds to adults during an episode of unwanted behaviour. This will help you to identify an appropriate future response. For example, it will indicate what to avoid and what works well when drawing up and agreeing strategies with parents/carers.

You will use the information you have collected to inform the strategies set out in the child's individual support plan. The strategies identified will be in addition to those adopted on a daily basis as set out in your Behaviour Policy.



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**Graduated Approach Assessment  
Sample ABC observation record**

<b>Antecedent</b> What were the triggers? Time of day? Who was present? Where in the setting does this happen?	<b>Behaviour</b> What did the child do? What was the sequence of behaviour? Do you think the behaviour is purposeful?	<b>Consequence</b> How long did it last? What did others do? Did this help or hinder the situation?



**Graduated Approach Assessment  
Sample behaviour observation record**

Name:	Date(s) it happened/happens. Frequency – e.g. Every day/sometimes/3x a day/only in the evenings etc.?	
Where it happened/happens? Is it always the same place?		Time(s) it generally happened/happens e.g. Lunch times or after school/mornings etc.
What happens? What does s/he do? How long does it carry on for?		
What did/do you do whilst the behaviour is going on? Was anyone else helping? What did/do you say? How did you try to help him/her?		
What happened before it started? Was s/he busy, happy? Did someone say or do something or did it just happen for no apparent reason? What do you think set him/her off?		
How did s/he calm down/stop? What happened once it had all finished? What did you do to help him/her? What generally works best to stop/help the situation?		
Any ideas about why s/he is doing it? Was it to: <ul style="list-style-type: none"> <li>• Get something e.g. like a toddler tantrum?</li> <li>• Avoid or escape from something?</li> <li>• Protest/show s/he was feeling upset?</li> <li>• Sensory – he/she was enjoying the sensations/feeling.</li> </ul>		
Your relationship to the child in question e.g. carer/parent/grandparent/child minder etc.		

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It is important to examine how a child responds to adults during an episode of unwanted behaviour. This will help you to identify an appropriate future response. For example, it will indicate what to avoid and what works well when drawing up and agreeing strategies with parents/carers.

You will use the information you have collected to inform the strategies set out in the child's individual support plan. The strategies identified will be in addition to those adopted on a daily basis as set out in your Behaviour Policy. The following pages include examples of how you may record an individual support plan for a child.

Your individual plan should identify triggers and signs of frustration, what to avoid, how you can help the child and what type of support works best in order to help de-escalate the situation. It should also identify suitable reward systems to encourage positive behaviour.

### **De-escalation/physical contact**

The sample individual plan on page 16 makes reference to the use of physical contact when supporting children's behaviour. It is important to remember that physical contact should only be used in exceptional circumstances such as to:

- To protect the child from hurting themselves
- To protect other children or staff
- To protect property

Physical contact should be avoided where possible by using alternative strategies, such as removing other children from the room, moving equipment/furniture away from the child to protect from injury or giving the child sufficient time and space to work through their emotions by creating a safe space for the child in which they can vent their frustration.

Should physical support be deemed necessary to protect a child, staff, other children or property then this should be discussed and agreed in advance with parents/carers with strategies and interventions clearly identified within the child's individual plan.

If as a setting you agree to use physical contact you should thoroughly assess the risks involved for the child and the staff. For example, if you were to move a child who is lay on the floor, would you be increasing the risks by moving the child? There is the possibility that you may contribute to an injury, if say the child could pull back and bang their head. Consider what you would want to achieve by moving the child, is it to protect them from imminent danger? Staff may also be put at unnecessary risk of injury from the child. Please refer to sample risk assessment and guidance notes on page 24

Physical contact from an adult can sometimes reinforce unwanted behaviour as a child may use this as a means to seek attention inappropriately. In this instance, physical contact should be avoided where possible, with the child only being rewarded with adult attention once they start to behave appropriately.



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## Graduated Approach Sample Individual Plan Supporting Your Child's Behaviour

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Specialist service supporting your child

.....

### Triggers / Signs of frustration

When I am frustrated I will.....

### What to avoid

### How can we help?

You can help me by .....

- 

Or distract me by

### If I need you to help me calm down you can

Support me by

- 

### Physical Contact will be avoided and used only in exceptional circumstances

- To protect the child from hurting themselves
- To protect other children or staff
- To protect property.

Physical contact should be avoided by using alternative strategies, such as removing other children from the room, moving equipment/furniture away from the child to protect from injury, giving the child sufficient time and space to work through their emotions or by creating a safe space for the child in which they can vent their frustration.

### **Individual Support plan will identify**

The child/young person's ability, age, stage of development and physical agility will be considered when devising the individual behaviour support plan.

Triggers

What to avoid

How we can help

Reward systems

### **Informing parents**

Parents should be kept up to date about their child's behaviour and informed when the child is making progress and/or if there are any significant changes.

### **Incident form**

This should be completed as soon as possible with a copy provided to the parents.

### **Future Behaviour Support Plans**

Following any significant changes in the situation there should be a review of the individual support offered and any changes agreed with the parents

Signature of Parent / Carer \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Signature of key person \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_



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**Graduated Approach  
Sample Individual Plan  
Supporting Your Child's Behaviour**

**Child's Name:**

**Date:**

**DOB:**

**Assessment:** (Reason for completing the plan)

**Outcomes sought:** (Include targets set by other professionals)

**Interventions**

<b>Support provided</b>		
<b>Week 1</b>	<b>Activity</b>	<b>Evaluation</b>
<b>Week 2</b>	<b>Activity</b>	<b>Evaluation</b>
<b>Week 3</b>	<b>Activity</b>	<b>Evaluation</b>
<b>Week 4</b>	<b>Activity</b>	<b>Evaluation</b>
<b>Week 5</b>	<b>Activity</b>	<b>Evaluation</b>
<b>Week 6</b>	<b>Activity</b>	<b>Evaluation</b>

**Review:** (Review progress achieved and set out new targets)

**Parent signature:**

**Key person signature:**

**Next review date:**

It is important to remember there are no quick fixes. Strategies will not work immediately. Behaviours are learned over time and it will take time to undo unwanted behaviours, but they can be changed. Don't give up.

A child will not suddenly decide they want to change. You as an adult must be the first to make the move and change the way you work with the child. Listen to the child, observe the child and try and see things from their perspective.



## **Guidance Notes on Risk Management Assessment**

**A risk assessment must be completed for each different situation where the use of physical contact may be required e.g. room, outdoor area or out of school visit**

### **1. Risk Area**

- 1.1 Physical Environment - where is the risk likely to occur?
- 1.2 Interaction with others - will there be a risk to others e.g. staff, peers, members of the public etc.? Please specify.

### **2. Risk Consequences**

- 2.1 Injury to self – will there be an injury to the child? Please specify.
- 2.2 Injury to others – will there be an injury to others/damage to property etc?

### **3. Risk Outcome Levels**

- 3.1 Low – very minor risk e.g. child may scratch you or throw small items while working, pinching others.
- 3.2 High – Significant risk e.g. the child will throw larger items, self-injurious, behaviour, destruction to property, kicking and punching others.
- 3.3 Very High – Fatal risk e.g. the child will run in front of a moving vehicle on the road, severe self-injury/self-mutilation.

### **4. Risk Probability**

- 4.1 Low – would be highly unlikely in normal circumstances.
- 4.2 High – would be highly likely
- 4.3 Very high – the child will always do this.

### **5. Risk Management**

- 5.1 Specific Risk(s) – identify risk(s) in regard to the activity as stated in Risk Consequences.

5.2 How to manage the risk(s) - specifically how the child will be supported in minimising, reducing or eliminating the risk depending on the Probability and Outcome score. Also refer to specific management strategies, Individual plans, Behaviour Support Plan, establishment's policy etc.

**6. Signatures of Team**

6.1 This will depend on the risk and management strategy proposed but must **always** include the parent/carer and child where appropriate.

**7. Date of Review**

7.1 The period of this is determined by the team e.g. 3, 6 or 12 months or in the event of significant change



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**Graduated Approach  
Sample Risk Management Assessment**

<b>Name of Child:</b>		<b>D.O.B:</b>		<b>Date:</b>
<b>Description of Behaviour Causing Concern:</b>				
<b>1. Risk Area</b>		<b>2. Risk Consequences</b>		
1.1 Physical Environment:		2.1 Injury to self:		
1.2 Interaction with others:		2.2 Injury to others/property/environment:		
<b>3. Risk Outcome Level:</b>		Low	High	Very High
<b>4. Risk Probability:</b>		Low	High	Very High
<b>5. Risk Management:</b> If physical support is identified as a means of managing the risk then an individual plan <b>must</b> be completed.				
<b>Specific Risks</b> (Please Number)		<b>How to manage the risk</b> (Please Number)		
<b>6. Signatures of Multi-disciplinary Team:</b>				
<b>Name</b>	<b>Designation</b>	<b>Organisation</b>	<b>Signature</b>	<b>Date</b>

## The STAR Approach

Sometimes children can present very difficult behaviour which may be regarded as severely challenging. For instance, it may be a serious block to learning new skills, or it may be disruptive of the education of other children, or it may be positively harmful to the child or others.

We should always take the attitude that children behave in these ways for reasons which are important to them even if they are difficult for us to understand. It is essential that we find out what those reasons are if ever we are going to encourage a child to behave in more appropriate ways.

The 'STAR Approach' to the management of behaviours which challenge is described in the book "Problem Behaviour and People with Severe Learning Disabilities: The STAR Approach" by Ewa Zarkowska and John Clements (1994).

The STAR Approach involves several interrelated strategies.

1. 'Unlearning' inappropriate behaviour that is:

- preventing the challenging behaviour from achieving positive results for the child
- finding a way of communicating to the pupil that the behaviour is unacceptable

2. Often, challenging behaviours are unacceptable ways of achieving quite acceptable ends (e.g. the pupil screams because he wants a toy another child has taken, the child hits others to get attention). Often, the child does not have the right skills for achieving these ends.

Therefore, it may be necessary to teach acceptable alternative behaviour which achieves the same results for the child as the challenging behaviour by:

- Finding ways of encouraging any existing appropriate behaviours which he or she does not use much
- Teaching new skills

3. It may be necessary to find ways of helping a child with a personal problem (e.g. ear ache, illness, side-effects of medication, emotional upset).

4. Often, it helps if we can change any aspects of the environment and routines which may be contributing to the occurrence of challenging behaviour (e.g. room is too crowded, too much noise, too many distractions).

The S.T.A.R. approach offers an eclectic mix of principles and strategies derived from a variety of approaches. Zarkowska and Clements (1994) adopt the view that

challenging behaviour is highly complex behaviour which can have many causes. They recognise that much behaviour is learned but argue that a person's learning history is only one of the factors involved

Their *STAR* approach requires analysis and intervention at the following levels:

**S:** Settings  
**T:** Triggers  
**A:** Actions  
**R:** Results

**Setting:** This may be environmental or personal and may include:

- The physical environment: busy, noisy, lighting, sensory sensitivities.
- The social interactions and relationships within the environment (perceived lack of control, fear of uncertainty, any conflict), deprivation of relationships, unnecessarily strict control
- The activities that the child is doing (e.g. level and type of stimulation, access to desired activities);
- Child's physical state: hunger, thirst, tiredness, illness, communication difficulties, anxiety...
- Child's thoughts and mood, self-esteem, boredom, communication problems
- Life events (loss, change, trauma, abuse)

**Trigger:** These are the things that may 'set off' a particular behaviour and usually occur shortly before the behaviour of concern. However, a trigger can also be something that happened several hours ago, or even the previous day if a child has a significant delay in their processing of information. Triggers which happen just before the behaviour either increase a personal want, suggest a likely threat or signal the availability of a desired reward. Examples include a change in activity, a new instruction, a high noise level, a memory of an event, the presence of a person who always responds in the desired way.

**It is acceptable to not initially complete the 'triggers' section. The trigger for a behaviour may not immediately be evident and can be completed later, on reviewing several days of recording.**

- Had the child been asked to do something?
- Were they requesting something from you, something they wanted?
- Had the activity just finished/started?
- Was something happening that the child dislikes or fears?
- Was it something the child associates with a particular event?

**Action:** Actions are the challenging behaviours themselves. The STAR approach emphasises that the challenging behaviour must be defined in terms of observable behaviours. This should also include what adults did.

**Response:** These are the events that follow the action. Results can be positive, negative or neutral. The results will influence the likelihood of the action happening again. If the results are rewarding for the child, they increase the chances of the behaviour happening again.

- Social results: the child gains attention/comfort OR succeeds in avoiding unwanted social contact or successfully avoids a demand
- Occupational result: the child gets to do a desired activity OR escapes an unwanted activity
- Did the child's behaviour result in them getting something they didn't have before, e.g. object/food?
- Sensory results: the child gains sensory satisfaction or avoids sensory overload.

The first crucial step is to clearly define in terms of observable behaviour the behaviour which causes concern. Some behaviours may occur as a cluster, e.g. an incident may include spitting, screaming, self-injury.

Therefore, a decision has to be made whether to describe the behaviours as separate behaviours or as a group. Several behaviours may form a progressive sequence escalating in intensity and, therefore, a description of the sequence will be necessary.

**The function which a behaviour serves for a child is inferred from an analysis of the results it achieves and the triggers and/or settings which seem to set it off.**

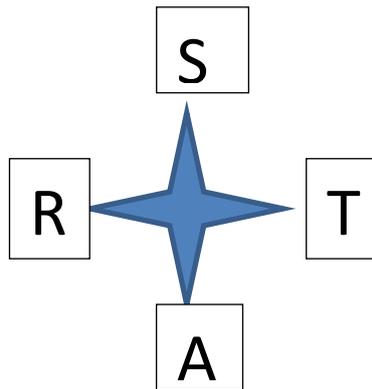
So the final step is analysing a number of STARs, looking for patterns and deciding on a strategy to help the young person meet their perceived needs in a better way.

**Childs Name:**

**DOB:**

**Setting:** Where? Who was there, what was happening? What had happened earlier?

**Result:** What was the result for the child?



**Trigger :**What happened **just before** the incident?

**Action:** What the child does- and what adults did in response. Continue over if needed.

**Functional analysis questionnaire –  
Questions to establish the function of a behaviour**  
(Adapted from Willis & LaVigna, 1993)

1. What happens during a behavioural incident (i.e. what does the behaviour look like)?
2. How often does the behaviour occur (i.e. several times per day, daily, weekly)?
3. How long does the behaviour last?
4. How severe is the behaviour?
5. What time of day is the behaviour most likely to occur?
6. In what environment or where is the behaviour most likely to occur?
7. With whom is the behaviour most likely to occur?
8. What activity is most likely to produce the behaviour?
9. Are there any other events or situations that can trigger the behaviour (such as particular demands, delays or transitions between activities)?
10. What is gained by engaging in the behaviour (i.e. what is the consequence or outcome for the individual)?
11. What is avoided by engaging in the behaviour?
12. Is the person experiencing any medical issues that may be affecting their behaviour (such as toothache, earache, sinus infections, colds, flu, allergies, rashes, seizures)?
13. Is the person experiencing difficulty with sleeping or eating?
14. How predictable is the person's daily routine (i.e. to what extent does the person know what is happening throughout the day and when)?

15. Have there been any recent changes to routine?

16. How does the individual communicate the following:

- Yes/no/stop
- Indicate physical pain
- Request help
- Request attention
- Request preferred food/objects/activities
- Request a break.

17. What objects, activities or events does the individual enjoy?

18. What skills or behaviours does the individual have that may be alternative ways of achieving the same *function* as the behaviour of concern?



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## Graduated Approach

### What are typical behaviours? What is normal?

The chart below demonstrates typical behaviour for children aged from 2 to 4 years of age.

Behaviour	Age 2	Age 3	Age 4
Fights	72%	75%	92%
Hits/takes things	68%	52%	46%
Stubborn	95%	92%	85%
Disobedient	82%	76%	78%
Temper Outbursts	83%	72%	70%
Never still	100%	48%	40%
Tells Fibs	2%	26%	37%
Cries easily	79%	53%	58%
Talks back	42%	73%	72%

As you can see most children will present with difficult behaviours between the age of 2 and 4 years. This is normal. Some behaviours decrease with maturity, for example, taking things, hitting, crying or the inability to sit still. Other behaviours, such as telling fibs or talking back will increase as the child develops their language skills.



## Graduated Approach Sample Incident tally

You might find it useful to keep a tally of incidents, to try and work out when or where unwanted behaviour is most likely to happen across the day. With this information you can put into place strategies at key times to support the child with the aim of reducing the number of occurrences.

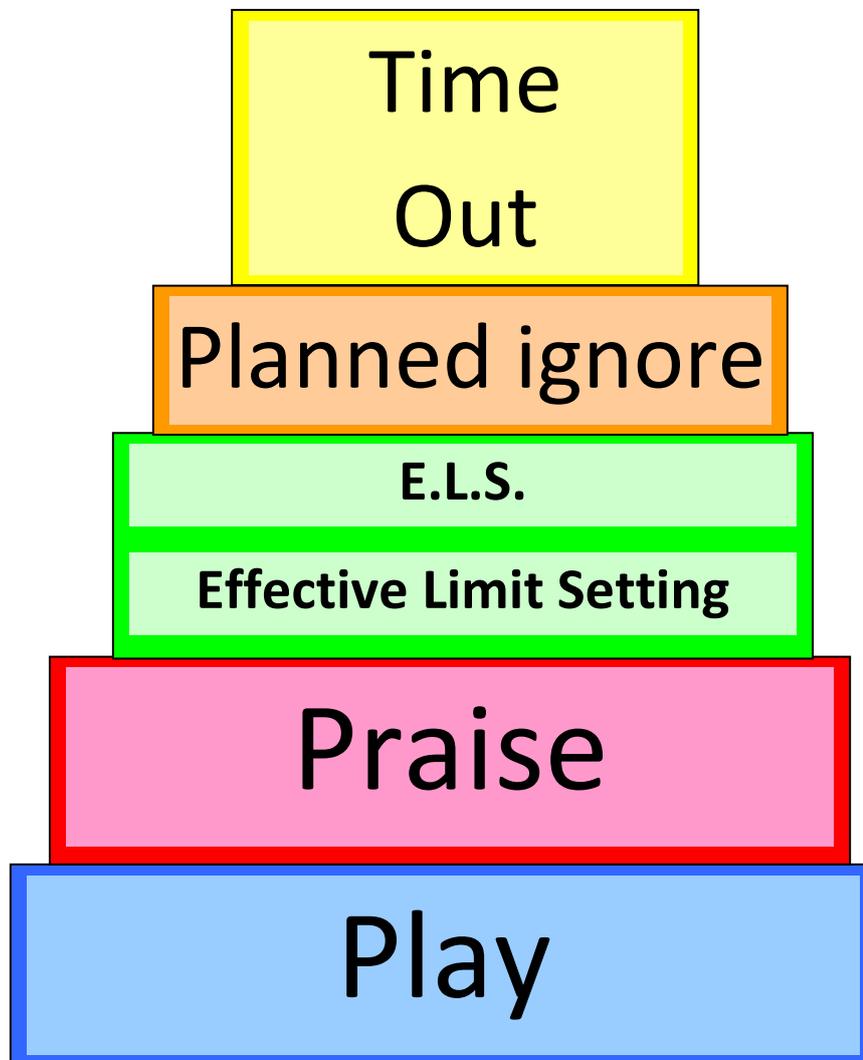
The tally below is a record of when a child throws objects

8.30 Free Play	1111
8.45 Free Play	111
9.00 Breakfast	1
9.15 Registration	
9.30 Group work	
9.45 Free play	1111
10.00 Outside	111
10.15 Snack	
10.30 Free Play	111
10.45 Lunch	

The chart demonstrates that the child is more likely to throw objects during free play. You may want to examine further what is happening at this time, for example, is the child bored or challenged enough in their play, does the child understand what is expected of them at this time or are they overwhelmed by the increase in noise or activity? Strategies may include closer supervision during free play, engaging the child in specific activities and giving the child jobs to do which keep the child busy. You may explore ways to reduce the noise or hustle and bustle during free play.

## The Incredible Years pyramid

The incredible year's pyramid supports the process whereby a positive, stimulating environment for children to play, learn and develop is provided. Parents reinforce children's positive behaviour and role model behaviour management strategies through consistency, praise and effective limit settings.



This pyramid of strategies encourages social skills, promotes problem solving and increases self-esteem.

The bottom tier promotes a stimulating environment, where children are interested and engaged. Positive behaviours are reinforced through praise and encouragement

Effective limits are in place which ensures children are aware of boundaries. The top of the pyramid is time out, which is used as a last resort when all other strategies proved unsuccessful.

## **Incredible Year Parent Course**

**In Trafford parents can be referred onto a 14 week Incredible Years parenting course**

### **Before referring a parent onto an Incredible Years course**

- Check with parents they are able to attend a 14 week course
- Ensure that parents have enough contact with their children to be able to complete home based practice (at least 3 contacts a week)
- Ensure parents have childcare sorted for the whole course
- Ensure parents can access the course (transport and venue)
- Complete a full SARF or EHA with as much information as possible

### **Where to send a fully completed and SIGNED Referral**

- Referrals for families that live in the South/West of the borough should be sent to Jeanette Gormley at [Jeanette.gormley@trafford.gov.uk](mailto:Jeanette.gormley@trafford.gov.uk)
- Referrals for families that live in the North of the borough should be sent to Jane Cryne and Helen Kleanthous at [jane.cryne@trafford.gov.uk](mailto:jane.cryne@trafford.gov.uk) or [kelen.kleanthous@trafford.gov.uk](mailto:kelen.kleanthous@trafford.gov.uk)

This is to access Early Help as well as for allocation of a place on Incredible Years courses.

### **Panel**

**A panel convenes every Thursday morning. The functions of the panel include....**

- To discuss and consider ways in which requests for early help can be supported by services
- Ensure support is coordinated, relevant and timely to prevent escalation
- Allocation of places onto Incredible Years courses.

## Further Information, Support & Advice

The '**Inclusion Development Programme**' materials can be downloaded from [www.education.gov.uk/publications](http://www.education.gov.uk/publications)

The '**Early Support**' materials provide information for parents and practitioners which should inform early years practice, there are resources available around supporting children with;

Behaviour

Autistic Spectrum Disorders

Sleep

Visual Impairment

Speech Language and Communication needs

Rare Conditions

Multi-Sensory Impairments

and more at [www.ncb.org.uk/earllysupport/resources/publications](http://www.ncb.org.uk/earllysupport/resources/publications)

## Trafford Services

**The following services offer support and advice around supporting children's behaviour. Full details of all of the services listed can be found on the Trafford Local Offer within the Early Years section. All referrals should be made in line with Trafford's Graduated Approach, using the Assess, Plan Do, Review cycle.**

**Area SENCO** – the role of the Area SENCO is primarily to support SENCO's working within Private, Voluntary and Independent early year's settings; this includes practical advice and support when working with children who present with challenging behaviour. Advice and guidance is also provided around carrying out observations, drawing up individual plans and referral to other services.

**Contact:** Yvonne Squire on Tel: 0161 212 4812

Or email to [Yvonne.squire@trafford.gov.uk](mailto:Yvonne.squire@trafford.gov.uk)

**Special Educational Needs Advisory Service (SENAS)** – A team of specialist teaching assistants offer support and informal assessment of children with special educational needs (SEN). Working mostly with children in the early years, the team support and advise around working with children with SEN and associated behavioural needs. Referral is required to access this service via a 'Single Agency Referral Form' which is available on the Trafford Local Offer.

**Contact:** Chandrika Mistry, Business Support Officer on Tel: 0161 911 8683

Or email to [chandrika.mistry@trafford.gov.uk](mailto:chandrika.mistry@trafford.gov.uk)

**Health Visitors** – The Health Visiting Team work across 4 localities within Trafford (North, South, Central & West). Health visitors are qualified registered nurses with specialist knowledge of community and public health. They aim to promote the health and mental well-being of children and their families. Health Visitors offer support and advice to parents, including advice around behavioural difficulties, tantrums, sleeping, eating or potty training. They also provide advice for parents about bereavement and violence within the family. In order to contact a child's Health Visitor you must first seek permission from the child's parent or person with parental responsibility.

**Contact:**

North team: 0161 912 5567  
South team: 0161 912 4044  
Central team: 0161 912 1881  
West team: 0161 746 3810

**Children Centre's & Early Help Hubs** – There are two Children Centers and Early Help Hubs based in Trafford. These are located in Stretford and Partington. Children Centre's offer family support to help parents enhance their skills and resolve problems. Their main aim is to promote children's well-being and development. Support is offered around sleep, routines, home safety, behaviour and more. Self-referral or referral from a professional involved with the child or family is required.

Contact:

Stretford: 0161 912 5929  
Email to: [StretfordCCandEarlyHelpHub@trafford.gov.uk](mailto:StretfordCCandEarlyHelpHub@trafford.gov.uk)

Partington: 0161 912 2122  
Email to: [PartingtonCCandEarlyHelpHub@trafford.gov.uk](mailto:PartingtonCCandEarlyHelpHub@trafford.gov.uk)

**Clinical Psychologist** - Catherine Tighe is a clinical psychologist who is based at Partington and Carrington Children's Centre based on Central Road in Partington. Catherine can provide advice around issues such as separation anxiety.

Contact:  
Telephone: **0161 912 0734**  
Email to: [catherine.tighe@trafford.gov.uk](mailto:catherine.tighe@trafford.gov.uk)

**Brokerage Service** – Trafford Family Information Service offer a childcare brokerage service for parents or professionals who are finding it difficult to find childcare suited to a child's particular needs. This service is aimed at families with a disabled child or families that struggle to find suitable childcare for various reasons.

Contact: 0161 912 1053  
Email to: [fis@trafford.gov.uk](mailto:fis@trafford.gov.uk)

## **Complex and Additional Needs (CAN) Social Care Team**

The CAN team carry out child and family assessments to identify unmet social care needs and work to determine if these needs can be met through the family, specialist support or universal services. The service works with children and young people from 0 – 25 years and includes support with mental health conditions or challenging behaviour.

Contact: 0161 912 2069

Email: [CANteam@trafford.gov.uk](mailto:CANteam@trafford.gov.uk)

Referral is required through a G.P. Health or Care Professional although self-referral can also be made to this service.

## **National charities and support networks**

**Barnados** – support parents and families to build social communication skills by providing parenting programs, advice and outreach support services. The support they offer focuses on child sexual exploitation, harmful behaviours, mental health, domestic and substance abuse, children seeking asylum and children of prisoners.  
[www.barnados.org.uk](http://www.barnados.org.uk)

**Contact a Family** – This national UK charity offer support, information and advice for parents of disabled children  
[www.cafamily.org.uk](http://www.cafamily.org.uk)

**Family Lives** (Formerly Parentline Plus) – This UK charity provides advice and support around how to cope if a parent goes to prison via their website, through an online chat facility, helpline and parenting classes.

Confidential helpline: 0808 800 2222

[www.familylives.org.uk](http://www.familylives.org.uk)

**NSPCC** – The National Society for the Prevention of Cruelty to Children offer support and advice if you are worried about a child? You can contact a trained counsellor for help, advice or support.

Contact:

Help line: 0808 800 5000

Email: [help@nspcc.org.uk](mailto:help@nspcc.org.uk)

[www.nspcc.org.uk](http://www.nspcc.org.uk)

**Refugee Council** – The Refugee Council Children's Section work directly with separated children, as well as giving advice to those involved in the support of the

child or young person. They work directly with children and young people seeking asylum who are under the age of 18.

Contact:

Tel: 02073 461134

[www.children@refugeecouncil.org.uk](mailto:www.children@refugeecouncil.org.uk)

**The Children's Society** – Are working to safeguard and protect children throughout the UK through a network of programs and services. They can provide advice, support and information for children affected by substance abuse, young refugees, disabled children, and can also provide parent support.

Contact:

General Support Team: 0300 303 7000

Email: [supportercare@childrensociety.org.uk](mailto:supportercare@childrensociety.org.uk)