

Approaches to working with families to understand and support behaviour

All behaviour is a response to a condition, situation or stimulus. Our behaviour is often an expression of our needs – and young children and those with additional needs are no different. Very young children and those with additional needs may not be able to express their needs easily.

Young children or those with additional needs may find it more difficult to engage safely with activities and, sometimes, their behaviour can present as challenging to others. It is important that families and those working with children work to understand what is behind behaviour rather than looking to modify or restrict this once it has happened.

The aim of this GPP is to help you to understand and support children's behaviour, by understanding the communication behind the behaviour to be able to respond to their needs before their behaviour escalates and becomes, what is commonly referred to as, behaviour that challenges.

Some of the approaches used within Positive Behaviour Support (PBS) can help identify what is behind the behaviour to support it better, and provide key points that health visitors can consider when working with families.

This Good Practice Points (GPP) resource will draw approaches from PBS to support working with families who may be struggling to understand their child and consider how health visitors can use these approaches to support their practice with families.

What is positive behaviour support and how can it be helpful?

- PBS is recommended as an effective approach in working with people whose behaviour is described as challenging¹⁻⁴. PBS is a holistic approach to supporting children and their families in situations where behaviours may be perceived as challenging and potentially having a negative impact on their learning, relationships, quality of life and participation in everyday activities.
- PBS aims to find the meaning behind the behaviour. It is a framework for working out why behaviour is being displayed and presents alternatives that consider the situations and stimuli that cause the behaviour, and how to support a child to express their needs or for parents/carers to recognise the need before the behaviour is displayed.

More information on page 2

For additional resources see www.ihv.org.uk

The information in this resource was updated on 03/05/2022.

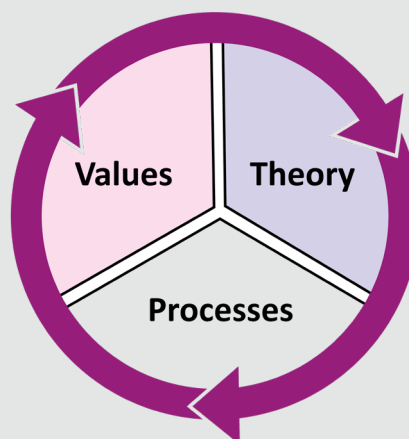
Whilst we have taken every care to ensure the content of our resources is accurate and peer-reviewed at time of publication, evidence and advice may change over time. Therefore, please always exercise your own judgement. The iHV does not warrant or guarantee the accuracy or completeness of the information and cannot accept liability for use of our resources.

Should you doubt the accuracy of any of our content, please contact us: info@ihv.org.uk

Approaches to working with families to understand and support behaviour

PBS is underpinned by a number of core interrelated principles. Gore² defines PBS as a framework for:

- | |
|---|
| a. developing an understanding of the challenging behaviour displayed by an individual, based on an assessment of the social and physical environment and broader context within which it occurs. |
| b. with the inclusion of family member and professional perspectives and involvement. |
| c. using this understanding to develop, implement and evaluate the effectiveness of a personalised and enduring system of support. |
| d. enhances quality of life outcomes for the focal person and other stakeholders. |



Family perspectives and involvement

Consistent with person-centred approaches, PBS requires the inclusion of families as part of the assessment and the process of developing a PBS plan. Emphasis is on using a family-centred approach which constructs a plan focused on the improvement of quality of life. This involves the need to build trusting relationships with a child and their family to understand the context of the family's daily life and their capacity to implement any strategies. Consideration should also be given to what support, training or resources families may require in order to implement the behaviour support plan^{2,3}.

What is meant by challenging behaviour?

■ When we talk about 'challenging behaviour', we mean behaviours that are persistent over time and difficult for both the family and the child to manage; this becomes a barrier to having a good **quality of life** for all, or places people at **significant risk of harm**. Challenging behaviour includes:

- Having lots of angry outbursts
- Regularly shouting, swearing and being very argumentative
- Frequently hitting, biting or kicking others
- Kicking, smashing or damaging things in their home or nursery/school
- Persistently getting into trouble at nursery/school.

Understanding some of the reasons behind challenging behaviour:

■ Firstly, it is important to understand the range of factors which may lead to children with learning disabilities being more vulnerable to developing challenging behaviour. These factors can include:

- **Biological factors** such as physical health issues, epilepsy or sensory issues.
- **Psychosocial factors** such as a lack of communication skills, negative life experiences, family stress or lack of meaningful activity⁵.

■ Secondly, challenging behaviour can often be the only means available to a child to express their needs. Having

an understanding of the reason for the behaviour is critical to identifying the underlying drivers and developing an effective positive behaviour support plan - this is the same for all young children regardless of having a medical diagnosis or not.

Using holistic and individualised assessments to understand behaviour:

- Spend time with the family carrying out an assessment. Assessments that reliably identify the function of an individual's behaviour provides a foundation for positive behaviour support.
- Having a clear understanding of **why** the behaviour is happening can directly inform which strategies to consider and how these are to be implemented to increase the likelihood of effectiveness.

■ The ABC Approach (Antecedent's Behaviour and Consequences) is a useful approach which can help to:

- A. identify what happens immediately before the behaviour (the antecedent)
- B. understand the nature of the behaviour
- C. identify the outcomes of the behaviour and how people respond (consequence).

It is important to understand the context of the behaviour and the skills that might be needed to reduce its impact, and other environmental changes that might be necessary⁶.

[More information on page 3](#)

www.ihv.org.uk

Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

Follow us on Facebook [facebook.com/iHealthVisiting](https://www.facebook.com/iHealthVisiting) Twitter @iHealthVisiting or LinkedIn

© Institute of Health Visiting 2022

Approaches to working with families to understand and support behaviour

The table shows how using the ABC approach to explore a behaviour can help understand what the child is communicating and therefore what they may need.

Antecedents	Behaviour	Consequences
<ul style="list-style-type: none"> Who is around leading up to the behaviour? What is happening? Is the environment busy or noisy? Other demands being placed on the child? Does the child understand what is happening now and what is happening next? 	<ul style="list-style-type: none"> What does the behaviour look like and how long does the behaviour last? How intense or serious is the behaviour? What impact does the behaviour have? 	<ul style="list-style-type: none"> How do people respond to situations where challenging behaviours occur? What are the immediate reactions to the behaviour from everyone involved? How does the child respond to these reactions?

When describing reasons of behaviour, it is important to consider these in the context of the individual and their setting. When thinking about a child's behaviour, think about specific vulnerability factors which may influence the child and therefore how they then behave. This will help you understand what the child is trying to communicate and therefore what they may need.

The table below provides some examples of vulnerability and reasons for behaviour:

Vulnerability factors		What's the message? (Function)
Biological factors: physical health issues, epilepsy or sensory issues.		To interact with others
Psychosocial factors: a lack of communication skills, negative life experiences, family stress or lack of meaningful activity.		To communicate a need or want
		To relieve stress
		To prevent an upsetting situation
		Sensory regulation, they need to do this

Developing a behaviour support plan:

A PBS plan should include a range of proactive strategies which aim to improve quality of life, develop new skills and opportunities. It should also include a range of strategies on how to respond when challenging behaviour occurs; these are often referred to as reactive strategies. The focus of these strategies should be to prevent the behaviour escalating further and to resolve the situation as quickly and as safely as possible.

The table below illustrates the range of strategies which could be seen in a positive behaviour support plan.

	Multi-element behaviour support plan			
	Proactive (what is needed to improve skills, quality of life)			How to respond
	Environment	Skills teaching	Prevention	Resolution plans
Behaviour <ul style="list-style-type: none"> Shouting and throwing toys Possible meaning <ul style="list-style-type: none"> Not happy with what is going on Unsure how to get their message across Feeling overwhelmed 	<ul style="list-style-type: none"> Picture schedule to increase predictability and routines Now and next board - first this... then that... 	<ul style="list-style-type: none"> Teaching communication skills, for example, I want /I need help Identifying emotions happy, sad, angry, using social stories Teaching coping skills, for example, relaxation techniques, yoga pose or blowing bubbles to help with breathing, learning to share 	<ul style="list-style-type: none"> Avoiding situations that are more likely to result in the behaviour Consider use of social stories for transitions 	<ul style="list-style-type: none"> Active listening, helping a child identify emotions, for example, I can see you're upset... Reduce demands Change activity Focus more on what you want the child to do rather than what not to do

More information on page 4

www.ihv.org.uk

Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

Follow us on Facebook [facebook.com/iHealthVisiting](https://www.facebook.com/iHealthVisiting) Twitter @iHealthVisiting or LinkedIn

© Institute of Health Visiting 2022

Approaches to working with families to understand and support behaviour

An important point to note within the PBS framework is that the use of aversive or restrictive practices is not recommended - this may be something as simple as overuse of a soother to stop constant crying or always strapping an active 3-year-old in a pushchair when outside a home, so they never experience or learn how to be safe outside. In addition, the use of punishment is not recommended as research demonstrates that this type of approach can often lead to an escalation of the behaviour and fundamentally does not address the reasons why behaviour may be occurring in the first place⁷.

PBS is predominantly concerned with improvements to quality of life for the individual and their family. For more information on PBS, access the Challenging Behaviour Foundation resources [here](#).

Good practice points for health visitors

The key point from PBS is to work with the family to understand behaviour and then consider the factors that lead to it as part of early intervention.

When working with families, consider the following points:

- Keep the contact family-focused - what is it about the situations they don't like and what do they want to change?
- Complete a full assessment of what the child's behaviour is and a wider holistic family assessment, using the ABC approach may be helpful.
 - Keep the child at the centre. What led up to the behaviour? Are there any patterns, changes or triggers? Are there any medical/health aspects which need to be taken into account?
 - Is the child safe? How can the environment and situation be changed to ensure safety, as opposed to isolating or restricting the child?
- It may take longer than one contact to really understand the behaviour. It may be appropriate to leave an ABC chart with the family to complete over a week and then you can review any patterns with the family, helping them to develop their own plan.
- Are the changes the family are hoping to make achievable and within realistic timelines?
- Celebrate what goes well for the family - small achievements and the good things which happen during the day. Put into context that this behaviour is one small aspect of their child.
- Discuss the parents'/carers' mental and physical health, do they need specific support to enable them to use the approaches that are being suggested.
- Discuss wider social support for the family and consider an Early Help Plan or Team around the Child/Family, with all professionals involved to ensure the child/family have all the support and help they need. Ensure all professionals involved with child and family are kept up-to-date with the ongoing support and the support plan.
- Consider referral to other services/organisations for specialist support. However, ensure you check their offer and that they are credible before referring. Once referred, discuss ongoing support with family and arrange a contact to review.
- Ensure the family know how to get hold of you if they need to and that they understand what their ongoing support looks like, and their expectations of when they will next be contacted.
- Consider with the family how to record and evaluate the support, including the use of the PCHR.

[More information on page 5](#)

www.ihv.org.uk

Institute of Health Visiting c/o Royal Society for Public Health, John Snow House, 59 Mansell St, London E1 8AN.

Email: info@ihv.org.uk Phone: 020 7265 7352 Registered Charity: 1149745

Follow us on Facebook [facebook.com/iHealthVisiting](https://www.facebook.com/iHealthVisiting) Twitter [@iHealthVisiting](https://twitter.com/iHealthVisiting) or LinkedIn

© Institute of Health Visiting 2022

Further information:

- **Information sheets:** The Challenging Behaviour Foundation provides information and support for family carers of people with severe learning disabilities and behaviours described as challenging. <https://bit.ly/2Z7mtTZ>
- **A short animation:** The British Institute of Learning Disabilities (BILD) has produced an animation which summarises PBS. <https://bit.ly/3NVKzpG>
- **Capable environment:** More detailed information on capable environments: <https://bit.ly/3uVBB4m>
- **Positive Behavioural Support (PBS) Coalition UK. (2015)** Positive Behavioural Support (PBS): A Competence Framework. Available: <https://bit.ly/3uY3Pu1>

References

1. Department of Health (2007), Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs: Revised Edition (Chairman: Prof J.L. Mansell), Department of Health, London.
2. Gore, N.J., McGill, P., Toogood, S., Allen, D., Hughes, J.C., Baker, P., Hastings, R.P., Noone, S.J. and Denne, L.D. (2013), "Definition and scope for positive behavioural support", International Journal of Positive Behavioural Support, Vol. 3 No. 2, pp. 14-23.
3. Hume, L., Khan, N. and O Reilly, M. (2021), "Building capable environments using practice leadership", Tizard Learning Disability Review, Vol. 26 NO. 1, pp.1-8
4. National Institute for Health and Care Excellence (2018), "Learning disabilities and behaviour that challenges: service design and delivery", [NICE Guideline No. 93], available: <https://bit.ly/3w3yQxr>
5. Bowring, D. L., Painter, J. and Hastings, R. P. (2019) 'Prevalence of Challenging Behaviour in Adults with Intellectual Disabilities, Correlates, and Association with Mental Health', Current Developmental Disorders Reports, 6(4), pp. 173–181.
6. O'Neill, R.E., Albin, R.W., Storey, K., Horner, R.H. and Sprague, J.R. (2015), Functional Assessment and Program Development for Problem Behavior, 3rd ed., Brooks/Cole, Pacific Grove, CA.
7. Spicer, M. and Crates, N. (2016), "Non-aversive reactive strategies for reducing the episodic severity of aggression", International Journal of Positive Behavioural Support, Vol. 6 No. 1, pp. 35-51.

Author: Linda Hume, PBS workshop coordinator, The Challenging Behaviour Foundation, www.challengingbehaviour.org.uk