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Form

Positive Behaviour Support Plan

Residential Care and Transition Services

Person we support details				
First name	Surname	Alias/nickname	Pronouns	D.O.B.
Program	Placement type	Order type	Placement entry date	Order expiry date
			Plan date	Review date

Brief profile
Alerts (including medical)
Key behaviours (include brief description of behaviours)
Go to Plan strategies/calming strategies

Proactive strategies	
Phase specific aspects (Proactive Strategies Guide)	Description
House safety expectations	
Routine and scheduling adherence	
Sleep and wake routine	
Diet nutrition and meal management	
TV and electronics	

Approval Date	05 Feb 2024	Implementation Date	06 Feb 2024	Review Date	05 Feb 2026
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Proactive strategies	
Phase specific aspects (Proactive Strategies Guide)	Description
Car safety	
Other (e.g., bag and room searches)	

Risk matrix						
		FREQUENCY OF THE BEHAVIOUR				
		How often does the behaviour occur? Refer to previous critical incidents, behaviour support plans to determine the frequency of the behaviour				
		RARE May occur in exceptional circumstances. Doesn't happen often	UNLIKELY Unlikely to occur e.g. less than once per month	POSSIBLE Possible to occur in some circumstances e.g. one to three times per month	LIKELY Likely to occur. E.g. one or more times per week	ALMOST CERTAIN Almost certain to occur e.g. daily
INTENSITY OF THE BEHAVIOUR	If the behaviour occurred, what would be the impact?	A behaviour that causes insignificant impact on the safety of the child or others that causes minor disruption and does not lead to injury or physical harm.	Low risk	Low risk	Low risk	Low risk
		A behaviour that minor impact on the safety of the child or others that requires a response to de-escalate the situation or ensure the safety of the child or others and/or reduce environmental risk.	Low risk	Low risk	Medium risk	Medium risk
		A behaviour that causes moderate impact on the safety of the child or others that has the potential to require an immediate response to avert and adverse outcome and reduce the risk to the child or others.	Medium risk	Medium risk	Medium risk	High risk
		A behaviour that causes major impact on the safety of the child or others that has the potential to cause significant injury; or an outcome that requires first aid response/medical treatment	Medium risk	Medium risk	High risk	Extreme risk
		A behaviour that causes serious and critical impact on the safety of the child or others that has the potential to cause serious injury that requires hospitalisation, urgent medical treatment, police and or ambulance presence or illegal behaviour	Medium risk	High risk	High risk	Extreme risk

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Behaviour 1 (copy and paste table if more than one behaviour)		
Behaviour (name of target behaviour)		
Behaviour description and situation <i>When the YP reaches outburst and displays high/extreme risk behaviour, this should prompt completion of a Safety Plan.</i> <i>Consider information about the behaviour, "live" issues occurring, the YP's background, and the environments in which the behaviour occurs, function of the behaviour, etc.</i>		
Risk assessment outcome <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High/extreme (requires Safety Plan)		
Risk analysis <i>Identify level of risk, including frequency (how often does the behaviour occur), intensity (how intense is the behaviour) and duration of behaviour (how long does the behaviour last).</i>		
Behaviour observation and intervention		
Stage	Presentation	Care team response
Baseline	Non-verbal presentation:	
	Verbal presentation:	
	Physical presentation:	
Triggering	Non-verbal presentation:	
	Verbal presentation:	
	Physical presentation:	
Escalation	Non-verbal presentation:	

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Behaviour 1 *(copy and paste table if more than one behaviour)*

	Verbal presentation:	
	Physical presentation:	

Recovery

Recovery	Non-verbal presentation:	
	Verbal presentation:	
	Physical presentation:	

	Name	Signature	Date
Plan developed by			
Plan approved by			
Stakeholder/s	<add rows as required>		

Residential Care Workers/Senior Residential Care Worker sign off

Name	Role title	Signature	Date

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Residential Care Workers/Senior Residential Care Worker sign off			
Name	Role title	Signature	Date
<add rows as required>			

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