

Individual Support Plan



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Support Plan

Support Plan Example

Name: Brad	Establishment: School
Date of Plan: February 2025	Named individual: Ms. Smith (Tutor)

Vulnerabilities
Biological: Brad is short-sighted and wears glasses. He struggles and sometimes gets headaches without them.
Psycho-social: Brad has been through multiple foster placements. He has a complicated family history with multiple half-brothers and half-sisters. Has experienced several adverse childhood experiences. See admission paperwork for more information.
How does this impact...
Brad has supervised time with mum. Without his glasses he struggles to see and experiences headaches. He seeks acceptance and nurturing from adults in school. He currently is struggling with feelings of guilt and shame due to making disclosures about family contact.
About me
What do people like about Brad: Brad can be very loving and kind towards others. Brad is interested in people and likes to know things about their lives. He has a good sense of humour - he likes to tell jokes and appreciates one-liners.
What is important to Brad: Football and his scooter are important to Brad. Having company and support from adults. Brad's blue space blanket.
What's important for Brad: To get plenty of sleep. To know what his plan is and with who he will be doing things.

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Brad's likes and interests Man United football club. Scootering and skateboarding, he enjoys going to indoor skate houses. Brad plays football for a local team. Enjoys playing FIFA on the PlayStation.
What makes Brad feel anxious: Being on his own. When he doesn't understand instructions clearly. Worrying he will be told off by family members due to behaviour at school. When people are not consistent with rules, routines, and boundaries. The perceived feeling of being 'left out' by adults when spending time with peers. Impending family time.
Proactive interventions
Interactions Interactions with Brad need to be light-hearted and frequent. Using humour with Brad is a positive as he likes to laugh and has a good sense of humour - he likes one-liners. Using Brad's likes and interests will support positive interactions. Catch Brad "being good" and give positive praise (verbal)- this needs to be specific and moved on quickly as too much praise can be overwhelming for him. Praise Brad again later in the day for things he has done well earlier on (certificates).
Communication Use Brad's name before giving an instruction. Clear and short sentences. Use literal language. Break things down for him. Allow Brad short periods to be able to process what has been said to him - check he has understood. Ensure you acknowledge when Brad has spoken to you. Support verbal instructions with non-verbal prompts i.e. visual checklists or modelling (if asking him to clear the plate at teatime, staff to clear the plate at the same time, show the behaviour you want him to mirror).
Choices Give Brad a limited choice, 2 or 3 things - these can be offered verbally, and ensure he is given time to process this.

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Engagement Break tasks down into smaller parts - more frequent rewards to keep him on task, reward can be verbal praise. Clarify expectations and support him to bring a task or activity to an end. Do not change the boundaries of a task/activity.
Predictability Should an activity or task need to end staff need to ensure Brad is given a clear and simple explanation- the new activity explained. Staff to give Brad a plan for his day so that he knows what is coming next (a verbal plan is fine). Tell Brad of any changes in advance to allow him time to process. Be honest with Brad as to why things have changed.
Friendships and relationships Staff to support Brad to maintain positive relationships with his peers by doing joint activities, joint rewards, focusing on mutual likes (1 staff to 2 young people, with more than 2 young people Brad struggles to share). Staff to give Brad reassurance around family time. Staff to mend relationships with Brad following an incident to reassure him he is OK and liked, and that the relationship has not broken down.
Personal care and staying safe. Encourage him to keep his glasses safe. Brad is to be supported when crossing roads and taught how to crossroads safely (talk through what you are doing and why when crossing i.e. " stop, let's check for traffic, is it safe to cross yet Brad?"). Staff to remind him of expectations when he is out in public before going out. i.e. staying with staff and not wandering off.
Sensory needs Brad likes deep pressure- this can be given when you are hugging him and offering a big squeeze if he seems unsettled. Brad likes a lot of rough and tumble with staff - e.g. using boxing gloves and pads. Brad will require movement breaks when he is doing a long activity - going for a run or a kick about in the playground. Incorporate sensory snacks and sensory diet activities throughout the day- see Occupational Therapist Recommendations in Multi-Disciplinary Team report.
Triggers leading to an escalation in behaviours.

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Slow Triggers: Not knowing the routine or changes to the routine. Anxiety around impending family contact. Becoming over-stimulated by busy and excitable environments. Feeling tired. Brad's glasses are broke. Brad has a strong sense of injustice and can perceive things to be unfair.
Fast Triggers: Lack of understanding of what is expected of him. Feeling left out by or having conflict with peers. Noise/escalation in behaviour of peers. Request not being met immediately. Transitions to and from school. Rules and boundaries are being changed without explanation. Having to finish an activity he is enjoying. If people (particularly peers) say something that Brad does not think is true. Witnessing a peer in crisis.
Escalation behaviours (how child presents)
Changes in Brad's facial expressions. Brad will narrow his eyes and stare at you, while frowning. He will make a lot of eye contact.
Changes to Brad's body language Push his chest out, widen his stance, and clench his fists. He will also begin breathing heavily with clenched teeth.
Changes in what Brad says. Brad will make threats towards you and offer to fight you; his accent will become more Liverpudlian. He will begin swearing excessively, shouting, pacing up and down, swearing stating "fuck off" or "cunt". Brad may start to sing football chants.
Changes in what Brad does Brad will walk towards you and into your personal space. Brad throws punches near your face or pretend to throw things at you. Brad will shoulder-barge you when he walks past.
De-escalation strategies

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Communication Use a relaxed tone of voice being warm and jovial in your requests and redirection. Encourage Brad to take a deep breath and talk to you about what is happening. Brad likes staff to tell him jokes this can be used when he is displaying heightened behaviours. Staying close to Brad will also help with de-escalation using calm voice and words. Reassurance is important for Brad if he is upset. If staff have made a mistake that has led to Brad escalating, he can respond well to honesty and an apology e.g. wrongfully accusing him of swearing.
Environmental changes Provide a change of face from the person he initially escalated with. Offer Brad an activity that involves movement (such as going to play football). Play games with him in a quiet area - for example UNO or football cards. Guiding Brad away from other peers into another room.
Sensory needs Remind Brad he can use his weighted blanket if he wants to. Offer push-pull activities. Provide activities that involve movement - see Occupational Therapist Recommendations in Multi-Disciplinary Team report.
Behaviour of concern
Verbal behaviour Brad will swear at you (tell you to fuck off), use homophobic language (go and fuck your boyfriend) and tell you he is going to stab/kill you, Brad has also recently begun using racist slurs toward staff regardless of their race. Brad also threatens to self-harm or take his life when in crisis. Brad will accuse staff of hurting him, abusing him and raping him.
Physical behaviour Brad will hit, kick, punch, scratch, bite, and spit at staff. Brad will throw any objects he can pick up. Brad has tied wires around his neck and will headbutt walls and windows.
Disruptive behaviour Brad will run out of the classroom screaming and shouting (he may also shout inappropriate football-style chants he has made up) and tell his peers to leave the classroom. Brad may begin kicking the wall or throwing stuff at the wall to disrupt peers in the next room. Brad will begin hitting large objects on the window to create as much noise as possible. Brad will encourage his peers to be sexualised and display their private areas. Brad will try and run into other classes and refuse to leave.

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Property damage Brad attempts to damage school property. Brad has been attempting to damage staff cars.
Self-injurious behaviour Brad currently has a risk assessment in place due to his self-harming behaviours. Brad will threaten to hurt himself and state he doesn't deserve to be here. Please see risk assessment.
Sexual behaviour Brad can use sexualised language towards his peers and staff.
Other behaviour Brad can abscond and will attempt to take peers with him.
Reactive interventions: Non-restrictive
Communication Be direct, use clear and concise language. Use the word "stop" and explain the risks in simple language. Distract him by talking about football or tell him a joke. Stay close while talking; too much space can sometimes escalate him further. Helpful scripts include: "It is okay, I understand you need something and are maybe unable to tell me, I want to help you to feel better"
Environmental changes Re-direct/guide Brad away from other young people to a space where he can be on his own. Direct Brad to a small space such as the breakout room where he has previously stated this is where he feels safe and comfortable. Remove items from the environment which Brad is attempting to damage.
Sensory needs Offer Brad his weighted blanket. Provide deep pressure through a sensory diet where possible - see recommendations in the Multi-Disciplinary Team report.
Reactive interventions: Restrictive
Strategies used to support recovery.

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Communication Use a soft tone of voice when talking to Brad but remain firm and clear in what will be happening now and next. Brad also prefers a humorous tone of voice and a smiling face; he then tends to smile too. Brad prefers humour right after an incident and likes to have a snack or drink, Brad usually agrees.
Interactions Be tactile (stroke his head) with him and offer hugs. Spend time close to him (this may involve Brad lying on the floor) and talk about a range of different topics.
Environmental support Provide the opportunity for Brad to have some time on his own in his safe space (the breakout room) if he wants.
Sensory support Ensure he has access to his weighted blanket. Brad also enjoys tight hugs, squeezes, and physical touch after an incident.
Activities and re-engagement Support Brad to take part in football-related activities (Playing football, watching football videos in particular Ronaldo and Manchester United, looking at football cards).
Post-incident Learning and repair & rebuild relationships. Staff to have a conversation with Brad about what has happened and how he is feeling - Brad may not engage with this, however, staff can think out loud about how they may think he is feeling. Staff are not to take the debrief form with them. Staff to ensure they have spoken with Brad following an incident to reassure him that the relationship between them is ok.

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Support Plan Template

Name:	Establishment:
Date of Plan:	Named individual:

Vulnerabilities
Biological:
Psycho-social:
How does this impact...
About me
What do people like about_____:
What is important to _____:

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What's important for _____:
_____ likes and interests:
What makes _____ feel anxious:
Proactive interventions
Interactions

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Communication

Choices

Engagement

Predictability

Friendships and relationships

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Personal care and staying safe.
Sensory needs
Triggers leading to an escalation in behaviours
Slow Triggers:

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Fast Triggers:

Escalation behaviours (how child presents)

Changes in _____ facial expressions:

Changes to _____ body language:

Changes in what _____ says:

Changes in what _____ does:

De-escalation strategies

Communication

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Environmental changes
Sensory needs
Behaviour of concern
Verbal behaviour
Physical behaviour
Disruptive behaviour
Property damage
Self-injurious behaviour

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Sexual behaviour
Other behaviour
Reactive interventions: Non-restrictive
Communication
Environmental changes
Sensory needs
Reactive interventions: Restrictive
Strategies used to support recovery

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Communication
Interactions
Environmental support
Sensory support
Activities and re-engagement
Post-incident Learning and repair & rebuild relationships