

# Early Prognosis - Guidance

Early prognosis provides a swift check on potential reasons behind the described behaviour when a child's needs are not being met by policy. Analyse each of the components below within the context of the described behaviour – seek views from the child, other members of staff, other professionals and parents/carers who may have information to add.

## The behaviour

### What is the described behaviour?

An unemotional, non-judgemental, accurate description, including the severity and frequency.  
*What do you see? What do you hear?*

## Pupil voice

**Pupil voice means a commitment to listening to the views, wishes and experiences of all children and young people.**

**Involving the child in decision making can create meaningful change and better outcomes.**

**It places value on what the child tells staff about their experiences.**

- How does the pupil describe their current experience?
- How does the pupil describe their behaviour / the incident? Do they feel there is justification for their actions?
- What support or adaptations does the pupil feel will help them?

## Function

**All behaviour has a function.**

**Function is what the behaviour is communicating.**

**A behaviour may have more than one function.**

- **Sensory** – meeting a known or unknown need; occurs in different situations; with or without interaction or engagement from others; provide input to one or more of the senses?
- **Escape or avoidance** - occurs due to perceived demand or threat, or when asked to do something?
- **Attention** - leads to attention through verbal or social interactions; proximity; positive affirmation or negative interaction?
- **Tangible gain** - enables access to a person, situation or item they prefer?

## Health & wellbeing

**Some behaviours are associated with health and wellbeing.**

**There may be known strategies to meet the need of such a behaviour.**

**Health and wellbeing needs can increase vulnerability to everyday experiences (light, sound etc.).**

- Does the pupil have a physical diagnosis, a mental health diagnosis, any SEND needs?
- Is the pupil undergoing investigation for a particular diagnosis?
- Does the pupil have 'traits' of a known medical or health condition which may give insight into their behaviour?
- Does the child experience physiological distress or symptoms in certain contexts or environments?

## Context

**All behaviour occurs within a context.**

**A behaviour might be acceptable in one context but unacceptable in another.**

**Sometimes, it may be as simple as the child not having a positive relationship with a particular adult.**

- What do we know about the pupil's current experiences?
- Where is the behaviour happening?
- Is there anything recently changed for the pupil that may be impacting on their behaviour?
- Are there particular children, staff or family members involved?
- Is there an 'obvious' trigger with an obvious solution?

## Cultural relevance

**Every person believes in a set of cultural 'norms' – that which they have been brought up to believe.**

**Every culture has a set of 'norms' many of which may be unwritten.**

**School cultural expectations will need to be explicitly taught.**

- Is there anything in the family or community culture of the child that is relevant to this behaviour?
- Consider expectations and priorities within the family or community relating to behaviour, sexuality, gender roles, social roles, financial priorities, educational achievement, religious doctrine and/or political affiliations.
- Are there school or staff cultural expectations, beliefs or values that are leading to responses outside of policy?
- Explore cultural impact of: physical contact, body position, eye contact, social distance, gestures.

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- What does this snapshot tell you?
- What is your professional opinion?
- What are the likely reasons as to why the behaviour is occurring?

- What adaptations need to be put in place to reduce the likelihood of the behaviour occurring?
- What will support the pupil?
- How can we meet the pupil's needs?
- What are the expected outcomes?

**Assess** –  
professional  
opinion based  
on all the  
information  
(Hypothesis)

**Plan** – what  
changes do we  
need to make to  
create success?  
(Adaptations)

**Review** –  
what has the  
impact been?

**Do** – what  
does it look like  
in practice?  
(Actions)

- Have we seen behaviour change over time?
- Which planned strategies have been successful and should stay in place?
- Which planned strategies have been successful and can be reduced or removed?
- Which planned strategies have not been successful and should be removed?

- Implement the plan:
- How should the above adaptations be used?
- Describe any necessary routines and processes.