



Support Plan

Service User:	Faith Cranston	D.O.B:	19.06.2003
Service/Area:	Housing Support	Service Commenced:	19/06/2019

Our Mission:

Is to ensure that our service users receive person centred care specific to them to assist them to be involved in the choices that are made to enable them to achieve the positive outcomes that meet their needs and support their family improving their quality.

Our Vision:

A life where every person is valued, included, empowered and safe.

Our Values:

Listen – always with interest, concern and action

Inspire – through every interaction so people can achieve their ambitions

Kind – genuine care and compassion

Excellence – by striving to be the best we can

Integrity – acting ethically and being accountable

Trusting – rely upon us to do what we say we will do

11 Castle Road

Winchburgh, West Lothian, EH52 6RQ Telephone: 01506890970/0131339146

Company Registration Number: SC272307



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1	Individual's Information/Autism Profile
2	Service Agreement / Future Goals
3	Health Plan
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Keys to Life

The keys to life are a long-term strategy based on a commitment to human rights for people with learning disabilities. The strategy was developed by the Scottish Government with COSLA and a wide range of statutory and third sector partners together with people with learning disabilities and their carers.

For more information on the recommendations:

<http://keystolife.info/>

Charter for Involvement

The Charter for Involvement is a series of 12 new statements that show how people who use support services want to be involved:

- in the services they get
- in the organisations that provide their services, and
- in the wider community

The Charter has been produced by members of the National Involvement Network (NIN). The Charter is unique in Scotland as it has been written and developed by people who use services for service providers to make involvement better for everyone.

For more information on the statements:

<http://arcuk.org.uk/scotland/charter-for-involvement/>

ATLASS

The ATLASS programme was developed by psychologists from the Studio 111 organisation as a 'Public Health Approach' and a 'Model of Wellbeing'. ATLASS entails a holistic approach to support that focuses on the wellbeing and happiness of the individuals in our services. The programme recognises the impact of stress on wellbeing, so rather than focusing on 'challenging behaviour' as something to be treated on its own ATLASS-trained practitioners focus on stress-reduction in service environments, positive interactions between staff and those they support, and the importance of health and exercise for wellbeing



PRIMECARE
HEALTH

Section 1

Individual's Information / Autism Profile

Section	
1.1	<p><u>Personal Details</u></p> <ul style="list-style-type: none"> • Individual's details • Important relationships information/In case of emergency • Professional people involved • Supporting staff
1.2	<p><u>Health Overview</u></p> <ul style="list-style-type: none"> • Medical/Diet requirements/Allergy Information
1.3	<p><u>Additional Personal Information</u></p> <ul style="list-style-type: none"> • Cultural/religious requirements • Understanding of sexuality
1.4	<p><u>Outcomes</u></p> <ul style="list-style-type: none"> • Brief description of service • Service user's contribution to support plan • Understanding of service
1.5	<p><u>Participation</u></p>
1.6	<p><u>Autism Profile</u></p> <p>1.6.1 Autism profiling tool 1.6.2 Communication 1.6.3 Interaction with others 1.6.4 Imagination and flexibility 1.6.5 Sensory processing 1.6.6 Likes and dislikes</p>
1.7	<p><u>Life Skills</u></p>
1.8	<p><u>Preferred Routines</u></p>

Individual's Name:

Faith Cranston

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Guidance, Legislation and Policies

Section 1

Health and Social Care Standards

Regulation of Care (Scotland) Act 2001

Charter for Involvement

Keys to Life

Adults with Incapacity (Scotland) Act 2000

Adult support and Protection (Scotland) Act 2007

General Data Protection Regulation 2018

Scottish Strategy for Autism

Human Rights Act (1998)

GIRFEC

Mental Welfare Commission

GAP

Primecare Health LTD Policies

Intimate Care

Participation and Involvement

Physical Intervention

Well Being

Protection of Vulnerable Adults

Administration of Medication

Accident/Incident

Confidentiality

Transitions

General Data Protection Regulation 2018

Quality

Corporate Risk Management Strategy

Records Management


**Individual's
Name:**

Faith Cranston

**Staff Sign
& Date:**

Individual's Details

Full Name: NI No: PJ373821B	Faith Cranston	Preferred Name:	Faith
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Photograph	D.O.B:	19.06.2003
	Home Address:	11/4, Echline Rigg, South Queensferry, EH30 9XN

Important Relationships

In Case of Emergency:				
Name	Relationship	Address	Telephone	Additional information
Rowena Bain	Mother & Legal Welfare Guardian	6 Burdiehouse Crossway Edinburgh, EH17 8HA	07840599888	rowenacranston38@gmail.com

Family/Friends/Pets				
Name	Relationship	Address	Telephone	Additional information
Rowena Bain	Mother & Legal Welfare Guardian	6 Burdiehouse Crossway Edinburgh, EH17 8HA	07840599888	rowenacranston38@gmail.com

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Personal Details

1.1



	27/05/20 – 27/05/2023			
Lee Cranston	Father	52 Cairnie Street, Arbroath, DD113BL	07879894483	
Laila Cranston	Sister	6 Burdiehouse Crossway Edinburgh, EH17 8HA		
Rosa Cranston	Sister	6 Burdiehouse Crossway Edinburgh, EH17 8HA		
Harley Bain	Half Brother	6 Burdiehouse Crossway Edinburgh, EH17 8HA		
Buddy & Teddy	Pet Dogs			
Chilli	Pet Cat			

Individual's Name:

Faith Cranston

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Professional People Involved

Professional	Name	Address	Telephone	E-Mail
GP	Dr. Leckie	South Queensferry Medical Practice, 41, The Loan, South Queensferry, EH309HA	01315374407	
Social Worker	Alex Gunn	Fort Social Work Centre, 25 North Fort Street, Edinburgh, EH64HF	01315292448	Alex.gunn@edinburgh.gov.uk
College	Eleanor Symms	Edinburgh College, Milton Road 2PP, 24 Milton Rd E. Edinburgh	01312979080	Eleanor.Symms@edinburghcollege.ac.uk
Speech and language therapist	Eleanor Douglas	CAMHS Team St Roque's Astley Ainslie Hospital 143 Grange Loan Edinburgh EH9 2HL	01315379589 07881517568	Eleanor.Douglas@nhslothian.scot.nhs.uk
CAMHS (Clinical Psychologist)	Hannah Maclean	CAMHS, Forteviot House, Edinburgh, EH92AR	01314479108	Hannah.MacLean@nhslothian.scot.nhs.uk
Diabetes Nurse	Fiona Mackenzie	Royal Hospital for Sick Children, 18 Rillbank Terrace EH9 1LJ	01315360375	RHCYP.Diabetes@hnslothian.scot.nhs.uk

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Personal Details

1.1



Psychiatrist	Dr Shetty	CAMHS	01315379589	
Paediatric Dietician	Caitriona Tulloch		01315360302	Caitriona.Tulloch@nhslothian.scot.nhs.uk

Individual's Name:

Faith Cranston

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**Senior
Autism
Practitioner:**

Justyna Zagiell

Staff who regularly support me are					
Kasia Kantor	Claire Henderson	Dianne Laing	Tamara Rogovic	Belen Gonzalez	Kasia Wilson
Karolina Ulatowska	Steven Cockburn	Hannah Main	Phoebe Edgar	Wardah Rafiq	Jodie Osbourne

Individual's Name: Faith Cranston

Staff Sign & Date:

1.2 Health/Diet/Medical Overview

Autism Diagnosis	Faith Has a diagnosis of Autism Spectrum Disorder
Autism & Learning Disability	Faith has learning disabilities as well as autism
Comorbidity	Faith has been diagnosed with type 1 diabetes

General Health	Dietary Information – likes/dislikes – Allergies
In general Faith is in good health. Faith has type 1 Diabetes which is controlled with insulin.	No known allergies. Faith likes a variety of fruit and vegetables and will try most foods.,
Medical Conditions	Where to find additional information on diet plans and mealtime routines
ASD, Learning Disability and Type 1 Diabetes	Mealtime routines can be found in Faiths ISP Staff is staying in touch with Caitriona Tulloch – Paediatric Dietician who emailed the summary of Faith`s diet requirements and daily food intake including daily intake of carbohydrates.

Individual's Name:	Faith Cranston
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Cultural and Religious Requirements

Individual's understanding of religious requirements	Staff support that is required
Faith appears to have no interest in religion	Should Faith show any interest in religion staff can help to support her with this.

Sexuality

Individual's understanding of their sexuality	Strategies to support in this area
Faith knows the difference between the male and female genders and understands that she is female. Faith has identified to staff that she likes men, and she would like to have a boyfriend.	Should Faith wish to discuss her sexuality in the future, staff can look for ways to support her with this.

Individual's Name: Faith Cranston

Staff Sign & Date:

1.4 Outcomes

Brief Description of the service
<p>Faith is supported 2:1 in her own accommodation and out in the community. Staff also support Faith to visit her mum. Staff supports Faith with all her routines and encourage her to be as independent as possible. Faith is being home schooled every Monday and Wednesday and on Tuesday she is attending college with 2 staff members. Until recently Faith is visiting her mother every Thursday and been staying there for a sleepover. Following escalation in challenging behaviour around food at mums and in flat visits have been put on hold from week beginning 9/11/2020 with a view to building up visits in public places to encourage Faith and Rowena to have quality time together.</p>
Individual's contribution to support plan in detail:

Staff offer Faith a variety of choices in activities and are always asking her if there is anything new, she would like to try. Faith can communicate verbally or use signs to communicate with staff as she chooses. Staff have discussed with Faith various activities she would do and about any interests that she has. Staff continue to have regular discussions to ensure she is enjoying her support and highlight any areas that she would like to see changes in. Faith has expressed that she would like to have at least 1 female staff member on shift with her at all time.

Individual's understanding of his/her service	Individual's representative understanding of his/her service
<p>Faith understands staff are here to enable her to live a safe and independent life.</p>	<p>Mum has a full understanding of what the service provides.</p>

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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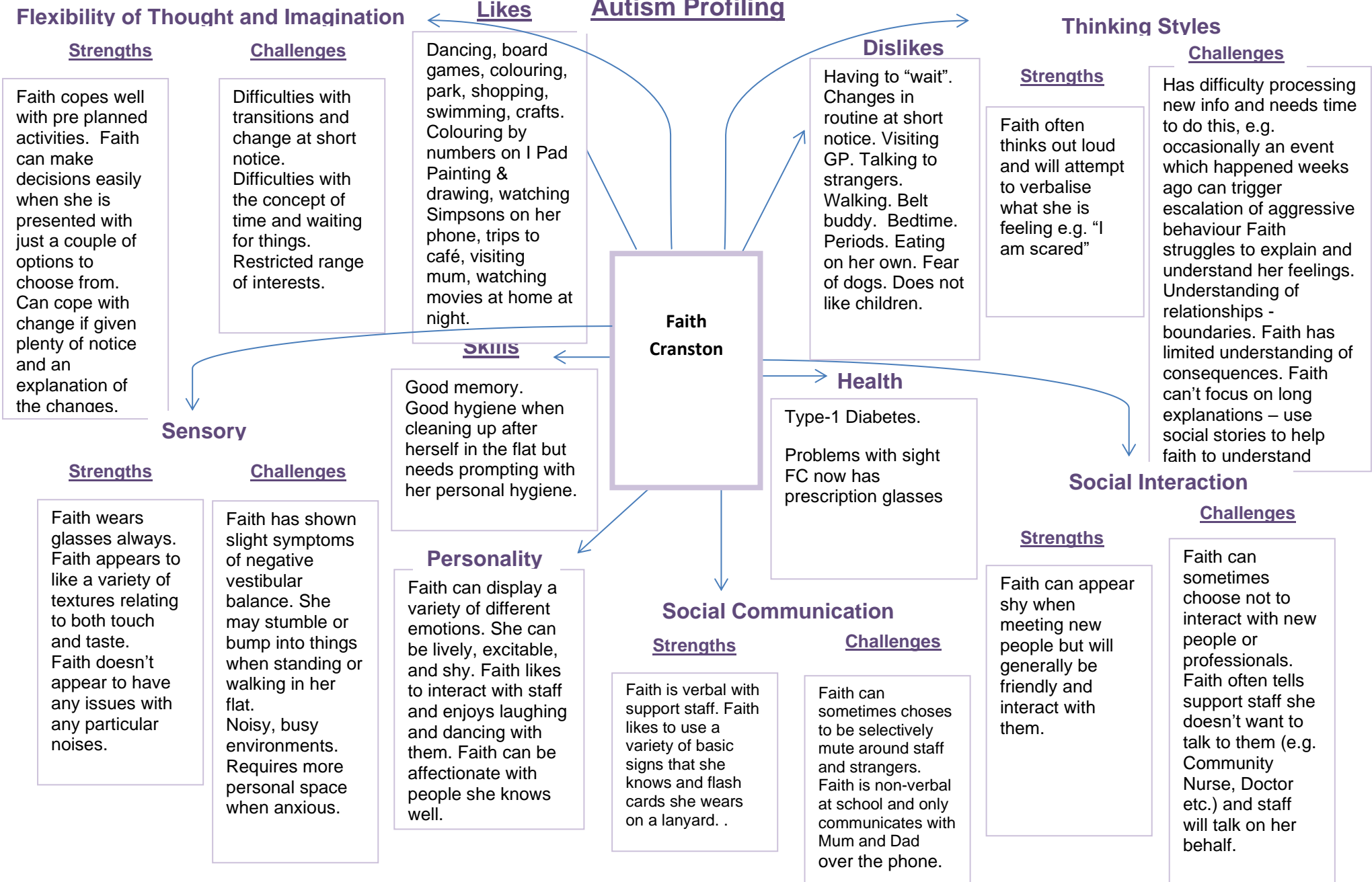
1.5 Participation

How does the individual participate in life decisions?	Areas where additional support is required
Faith works alongside staff and helps to control her Diabetes by taking her blood count and sharing it with staff.	Staff calculate the carbs to insulin ratio for Faith and then staff give Faith an injection with the correct amount of insulin required.
Who may Participate on the Individual's behalf?	Strategies to assist the individual to participate
Both staff and Mum can participate on Faiths behalf should she choose for them to do so.	Staff prompt Faith to participate by giving her encouragement and praising her when she has done well. Staff use positive reinforcement to help Faith make good choices that will benefit her life.
Tools that assist participation	Where are these tools found?
PEC Symbols, flash cards	PEC symbols are kept in the staff room. Should staff require any additional symbols these can be found on the internet and printed off. Faith is wearing a lanyard with flash cards and she is using them to communicate her emotions.
Evidence of this can be found	Additional Information
Evidence can be found in the daily log and on the now and next board.	Faith is sometimes capable of understanding what is expected of her without the use of visual aids, however staff to use symbols of all the time for better understanding what will happen now and next and for sequences of the events. Staff can aid verbal communication by giving Faith 2 clear and simple options from which she can choose from.

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Autism Profiling



1.6.2 Communication

Method of communication	Strategies to support
<p>Faith communicates with her mum and dad verbally only over the phone, Faith communicates with siblings verbally both on the phone and in person, however Faith finds it easier to communicate over the phone and is more fluent in her conversation. Faith is mostly verbal face-to-face when communicating with support staff but also likes to use some basic sign language. Faith prefers to be non-verbal when communicating with unfamiliar people, including health professionals. Faith is selectively mute whilst she attends college but can occasionally voice profanities towards teachers. Faith has a variety of PECs symbols to help her communicate with school staff.</p>	<p>Staff to use visuals symbols with Faith all the time. Gradually staff to prepare weekly timetable with visual symbols for reduce anxiety. Staff use PECs symbols alongside a 2 steps “now and next” board to help simplify activities and routines. Staff also verbally communicate with Faith to confirm she understands what she is going to be doing and what is expected of her. Staff have also prepared a number of social stories that are read to Faith daily, before bedtime (and whenever she asks for them), to improve her level of understanding.</p> <p>Staff not to draw attention to the fact that Faith chooses to be selectively mute. Staff to encourage Faith to communicate in the way she feels comfortable with (signing, pointing, flash cards).</p>
Tools that staff can use to support communication	Where these tools can be found
<p>Staff use the visual board in to help Faith understand what they are going to do. “Now and Next” works well for Faith as she understands what to do at this moment in time and what she has to look forward to doing later. Staff have also learned some of Faiths basic and most common signs to help her communicate more effectively with them. Social stories have been created to help Faith’s understanding with tasks and routines she may find hard or feel anxious about. Faith is carrying flash cards with her and staff can ask her how she feels? Faith is also wearing an elastic band ,which shows if she is ok or not ok.</p>	<p>The “Now and Next” board can be found in the staff room along with all the visuals. Social stories can be found in the dedicated file in the staffroom.</p>
Outcomes/future goals	Additional information

 Individual's
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Faith Cranston

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Staff to prepare weekly timetable for Faith's activities. All staff aware about using visuals and use them all the time.

Visuals and social stories are help build independence, they are transferable between environments and people. Visuals are reducing anxiety.

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1.6.3 Interaction with Others

Interaction with others	Areas where support is required
<p>Faith will interact well with others but will become shy like when certain people are around her. Faith does speak to her father and mother over the telephone but does not communicate when in person. Faith is usually friendly with new people.</p>	<p>Faith may need some encouragement from staff and reassurance that she can speak to individuals.</p>
Strategies to support	Areas for development
<p>Staff have learned basic signs in order to help Faith communicate and interact better.</p>	<p>Interacting with other members of the public.</p>
Outcomes/future goals	Additional information
<p>Have Faith be verbal with all mum and dad and not only communicate verbally over the phone.</p>	<p>Faith may sometimes attack people in public. This may be prefaced by mutism around staff and/or Faith displaying challenging behaviour whilst in public, so it is important to notice both these signs and encourage constructive verbal communication.</p>

Individual's
Name:

Faith Cranston

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1.6.4 Imagination and Flexibility of Thought




Areas where flexibility and imagination are displayed	Areas where support is required
<p>Faith displays flexible thinking when dancing by making up various dance routines which she repeats regularly.</p>	<p>Encouraging Faith to be creative when doing activities such as painting on a blank page and start easing Faith into more options and testing her ability to think about multiple things.</p>
Strategies to support	Areas for development
<p>Encouraging Faith to be creative when drawing or colouring. Giving Faith more choice when selecting activities and employing more activities that include arts and crafts.</p>	<p>Employ more activities such as arts and crafts and encourage creativity.</p>
Outcomes/future goals	Additional information
<p>Faith will be able to employ more imagination and will be more confident in her own flexibility of thought.</p>	<p>Faith struggles currently with making decisions, so it is important to praise Faith whenever she makes a good decision. Staff to sign to Faith Good choice</p>

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1.6.5 Sensory Processing

Sensory Area	Impact	Support Strategies
<p>Taste</p> 	<p>Faith does not display if she likes something due to its taste but does eat all food given regardless of texture or taste.</p>	<p>Keep giving faith a varied diet with different tastes and textures</p>
<p>Hearing/Sound</p> 	<p>Faith has expressed she does not like loud noises. Faith does like the radio on.</p>	<p>Staff to ask Faith if she would like to put the radio on and listen to music as sometimes, she does not want to.</p>
<p>Visual</p> 	<p>Faith wears glasses so has a slight sight impairment but does not seem to be oversensitive with this. Faith does, however, take off her glasses at times.</p>	<p>Make sure Faith's glasses are clean and remind Faith it is important to keep her glasses on to avoid them breaking and to keep her eyes healthy. Social story can be read.</p>

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<p>Touch</p> 	<p>Faith has not displayed any sensory needs regarding touch</p>	<p>Present Faith with different textures at any opportunity.</p>
<p>Smell</p> 	<p>Faith presents no sensory needs regarding smell.</p>	<p>Faith likes different smells so when the opportunity arises point these out to her.</p>
<p>Vestibular Balance</p> 	<p>Faith has displayed slight difficulty with vestibular balance.</p>	<p>Help Faith when she displays these signs such as stumbling over when seemingly stood still.</p>
<p>Proprioception/ Sense of Space</p> 	<p>Faith has shown challenging behaviour towards staff and told them after an incident that it was because they were too close to her with no warning signs present.</p>	<p>If Faith seems to be having problems understanding space, remind Faith to use her visuals and talk to her about it.</p>

Individual's
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1.6.6 Likes and Dislikes

<u>Activities/Things - Likes</u> (level of ability and supervision / motivation/support required)	<u>Activities/Things - Dislikes</u> (Additional Support that is required from staff)
<p>Play park – Faith will walk to park with two staff and staff will support Faith at the park. If any anxieties are shown, Faith to be brought back to the flat.</p> <p>Board games – One member of staff plays with Faith while the other watches.</p> <p>Cleaning tasks (i.e. Hoovering) – Faith does this independently.</p> <p>Dancing/Zumba – Faith enjoys dancing with her staff in her livingroom.</p> <p>Arts and crafts – Faith is supported by two staff when using craft items (paint/glue/etc).</p> <p>Football – Faith likes to kick her ball on the grass with two staff members.</p> <p>Yoga – Faith finds yoga relaxing and does this with two staff members most nights before bedtime.</p> <p>Field exercises/sports day exercises – Faith likes the idea of her own sports day.</p> <p>Colouring in – Faith does this activity by herself as she finds it calming.</p> <p>Drawing – Staff roll out big pieces of paper for Faith and this is a good time for her to use her imagination.</p> <p>Balloon game – Faith likes to play with her big balloon, this is good for her balance and co-ordination.</p> <p>Chatting – Faith likes to catch up with her staff, but should not talk about staff's personal lives.</p> <p>Singing – Faith will sometimes burst into song. Staff to encourage Faith to sing or join in themselves.</p> <p>Movies – Faith watches a movie every night before bed. Faith likes the original Jumanji, The Bee Movie and Peter Pan.</p> <p>Stud board – Faith has a stud/peg board that she uses throughout the day on multiple occasions. This activity is</p>	<p>Going to unfamiliar places with new staff – Faith can get anxious around going to and visiting new places. Staff should reassure Faith and use appropriate social stories.</p> <p>Children – Faith does not like children and shows jealousy. Faith has threatened children in the past verbally and physically.</p> <p>Dogs (more a fear) – Faith fears strange dogs, but likes her own dogs, Buddy and Teddy.</p> <p>Home schooling – Faith will express her dislike of home schooling, and saying that it is rubbish, however Faith is very clever and shows potential in all subjects. Staff to reassure Faith and support her through any new activities or things she finds challenging.</p> <p>Not being in control - Faith likes being in control of every situation, but this is not always healthy for Faith or staff.</p> <p>Shopping – Faith has expressed mixed feelings about shopping and has said she both likes and dislikes it. This could be due to shop being busy or Faith being unsure, children being around or having to wait.</p> <p>Loud noises – Faith is okay with the TV being loud or radio being loud, however Faith does not like loud, sharp noises like bangs.</p>

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very calming for Faith and helps her co-ordination.

Painting – Faith likes to express herself through painting. cognitive thinking

iPad – Faith does her home schooling on her tablet on a Monday, Wednesday and Thursday. Faith likes her schooling apps and responds very well, doing most activities on her own.

Food – Faith loves to eat and will try new foods. Faith looks forward to every mealtime and will set her table and eat on her own or with staff.

Washing her hair – Faith has good personal hygiene and likes washing her hair and having it blow dried by staff.

Visiting her mum – Faith likes visiting her mum in Edinburgh. These visits have been halted due to challenging behaviour and Faith hurting her mum. Faith's mum will now visit at Faith's flat every Wednesday until further notice.

Listening to radio – Every morning Faith will get up and put on the radio. Faith likes to listen to music and will dance, sing along to songs and express when she likes or dislikes a song.

Changing her bed linen and cleaning – Faith likes to take part in housework and very proud of her clean flat. Faith should be encouraged to do these tasks and try new ones. Faith needs support with some cleaning tasks, like cleaning the skirting boards.

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Name:

Faith Cranston

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1.7 Life Skills at Home and in the Community

Area	Skills and Preferences	Support required (Activity Ref No.)
<p>Bathing/showering/hand washing/ use of toiletries/washing hair/drying/brushing hair</p>	<p>Faith has a shower chart in the staff room so that this is logged. Faith should have a shower every day and aim to wash her hair every second day.</p>	<p>Faith can wash her own hair independently and body with staff verbally prompting her and telling to wash every part of her body (e.g. 'wash your arm, now your leg, private parts etc.). Faith also needs support when doing her hair (brushing/styling) Faiths needs constant reminder to wipe herself up properly after using the toilet. Faith needs daily reminder to wash her hands properly, occasionally she needs a hand over hand tutorial from familiar member of staff.</p>
<p>Brushing teeth</p>	<p>Faith can brush her teeth independently.</p>	<p>Faith needs prompted and encouraged to brush teeth regularly. Staff to monitor process of brushing teeth. Staff to encourage Faith to massage Sensodyne into sensitive areas. Faith to be reminded to brush her teeth after having milk at night.</p>
<p>Shaving</p>	<p>Faith does not like shaving and prefers to not shave areas like her arm pits and genital area. Faith will let staff shave her under arms on occasions</p>	<p>Faith requires a staff member to shave for her as it is not safe to trust Faith with a razor. Faith must keep being encouraged to shave her arm pits.</p>
<p>Feminine Care</p>	<p>Faith is now on the pill which is administered by staff every morning and has a period every three months. She prefers to use pads as she chosen sanitary product. Faith changes her pad on her own.</p>	<p>Faith will have her period every 3 month as she is on the pill. Faith needs prompted by staff to change her pad and staff also need to make sure pads are being taken in Faiths college bag.</p>

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Dressing/Undressing	Faith dresses/undresses herself but sometimes needs help with more complex clothing for example tights. Faith cannot tie her shoelaces	Staff should help assist Faith with putting on tights and tying her shoelaces. Female staff to help Faith put on her tights and staff to take turns in helping to tie Faith's shoelaces. Occasionally Faith needs an assistance with choosing appropriate clothing regarding seasonal changes.
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Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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1.7 Life Skills at Home and in the Community

Area	Skills and Preferences	Support required (Activity Ref No.)
Food preparation / cooking	Faith can help with food preparation and cooking but prefers when her staff do it for her.	Faith must not use very sharp knives and staff should supervise her at all times in the kitchen. Faith should be encouraged to at least watch the process of preparation and cooking to allow her to see what goes into her food. She should also be encouraged to stir and mix foods/baking for eg with a wooden spoon which would be less harmful
Eating / use of cutlery / drinking	Faith is fully competent when eating and drinking and can use cutlery well. Faith should only be allowed plastic cutlery as it is a danger to herself and staff with metal utensils. Faith prefers to pick her cutlery out of the drawer.	Faith requires no support to eat, drink or use cutlery. Staff should always check that Faith picks the plastic cutlery option. Staff to encourage Faith to bring her own meals from the kitchen to the dining room table and when finished eating to put dirty dishes in the dishwasher.
Bed making/ setting tables / cleaning tables General cleaning	Faith makes her bed as part of here daily routine. She likes to set the table for meals and likes to clean the table after every meal. Faith daily hovers her flat without being prompted and takes party in other general household duties.	Faith requires support with larger cleaning duties and needs prompted to change and wash bed sheets weekly. Faith will take off the dirty linen and will put fresh pillowcases on. Faith needs help with putting sheet and duvet cover. Faith might struggle with the vacuum cord which might get tangled, staff to help Faith with this task.
Money skills and waiting in queues	Faith is encouraged by staff to pay for her own shopping and learns money skills in school but is not aware of the value of money and is not told how much money she has.	Staff retain full control of Faiths money but will promote Faith to hand over money to shop assistant etc
Accessing places to eat	Faith copes well eating out or in public places.	Staff should take Faiths privacy into account when administering insulin in public places.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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1.7 Life Skills at Home and in the Community

Area	Skills and Preferences	Support required (Activity Ref No.)
Busy places	<p>Faith does not cope well with busy places and Faith could become anxious, stressed, and show challenging behaviour.</p> <p>Faith can ignore her surroundings to focus on her staff. Faith would prefer a quieter place if and where possible.</p>	<p>Faith tends to like to link arms when in a busy place as it provides her with security. Staff should always offer their arm to Faith, but should be aware of Faith's body language, facial expressions and ask Faith how she is feeling using her visuals.</p>
Using public toilets	<p>Faith is very competent when it comes to using the bathroom and can go to a public toilet independently. However, Faith does need to be reminded to wipe to avoid soiling herself after going to the toilet. Faith has no preference when it comes to using the toilet and will go in any toilet.</p>	<p>Staff should wait outside the toilet and prompt Faith to wipe herself and wash her hands as she tends to neglect this part of personal hygiene.</p>
Road safety	<p>Faith is aware of the dangers surrounding the road and vehicles. Faith is sometimes forgetful that she needs to be aware of her surroundings on the road. Faith has no preference of how she crosses the road and can do so independently when prompted by staff. Faith may abscond when angry or anxious with no awareness of the dangers on the road.</p>	<p>Faith should be reminded to always stop, look, and listen before crossing. Faith can cross the road independently but should be offered support, by staff offering their arm for Faith to hold on to.</p>
Transport and travelling	<p>Faith wears a belt buddy while travelling in black cabs as this prevents Faith from getting out of her seat when showing challenging behaviour, keeping everyone safe. Faith dislikes the belt buddy and complains about wearing it and could show challenging behaviour when staff put it on. Faith has no preference how she travels but walks are the best way to get around.</p>	<p>Staff must support Faith to wear the belt buddy when travelling in a black cab and reassure her it is for her safety. When in a black cab, staff should sit opposite Faith, not next to her, to prevent Faith hurting staff.</p>

Individual's Name: Faith Cranston

Staff Sign & Date:

Routine: Morning Routine

Preferred Routines

Routine Ref No: i.e. JB 1.8.1

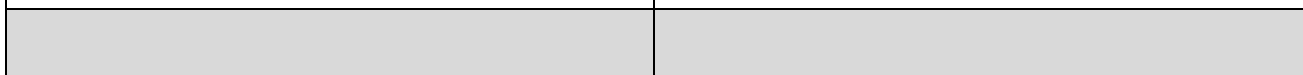
Description of routine and Individual's preferred methods of carrying this out	What support is required from staff at each stage? What can be independently achieved?
<p>Staff wake up Faith between 8.30 and 9am – if she is not already awake – and Meds are to be given whilst in bed. Still in bed, Faith needs to check her blood level. Once awake, Faith will get up, get dressed and make her bed before visiting the bathroom. Staff need to use visual symbols to prepare Faith for following actions. Faith will make menu planner for the day with staff every morning before home-schooling or college and will be given 2 choices per meal and staff need to encourage Faith about healthy, balanced diet. Sometimes Faith will ask for an item not specified on menu planner; staff should consider Faith's wish.</p> <p>Faith will then check her blood level to prepare for breakfast. Faith will then have insulin with 2 staff members present in the room. Faith will then go to the kitchen and get cutlery in order to set her table along with any fruit she may be having. Faith seems reluctant to get involved in the cooking of her breakfast but can choose her ingredients from the fridge. While waiting for the food, Faith will get involved in the cleaning in her flat (hoovering, dusting, putting her clothes away). One staff member to do Faith's hair while she has finished her cleaning and she is still waiting for her breakfast. Faith will be sitting at the dining table waiting for breakfast. When ready FC will take her own plate through before sitting down to eat. Once finished, FC will take plate and cutlery back to the kitchen and should be encouraged to place them in the dishwasher. After eating FC will wash her face and brush her teeth.</p> <p>FC's home schooling will begin at 10am and will last up until 12:30pm. FC has a</p>	<p>Faith if not already awake requires to be woken by staff and given Meds. Faith is unable to be responsible for her own medication distribution, staff regulate this for her. Blood glucose level should be checked in bed before Faith gets up and dressed, in case there is a hypo. Faith requires staff to work out carbs for the meal Faith has chosen and then work out and administer the correct units of Insulin. Faith sometimes requires prompting to set her table and this is usually verbally and reinforced with the now and next chart. Again, Faith requires prompting to wash her face and brush her teeth although she completes the tasks independently.</p> <p>Staff home school FC. This requires preparation beforehand, including printing out educational sheets and making sure all subjects are included and balanced out, even though FC appears to particularly enjoys math classes. Staff will support Faith's learning process and observe if any improvements to stimulate progress are needed. Also, staff will appropriately verbally praise FC for her achievements and effort.</p>

Individual's Name: Faith Cranston

Staff Sign & Date:



break and enjoys snack between 11 and 11:30am. After snack Faith will continue home-schooling till 12.45 or 1pm. Faith might ask for her phone during the snack break as she phones parents on most days.



Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Preferred Routines

Routine Ref No: i.e. JB 1.8.1

Routine: Going out Routine

Description of routine and Individual's preferred methods of carrying this out	What support is required from staff at each stage? What can be independently achieved?
<p>Before going out staff will check Faith BGL with a finger pricker. IF BGL is less than 7 staff to give Faith 10-12 carbs snack. Faith will carry her bag with Blood kit, staff to ensure that she has tissues, accucheck machine and finger pricker. Staff to pack "out and about "kit which has to contain 4 glucose shots, dextrose, tissues, gloves, orange or apple juice and chocolate bar. Staff to take with them libre scanner and staff phone with them.</p> <p>Staff to take Chlorpromazine when going out, it has to be logged out in the medication folder.</p> <p>Staff to remind Faith to go to the toilet.</p> <p>Faith will put her shoes on, jacket and a hat if the weather is cold. Staff to advise Faith to wear comfortable shoes -she will need help with her shoelaces. Staff have to repeat the script with Faith: what we don't do when we are out?</p> <p>No spitting, no hitting, no pulling hair, no scratching, no swearing.</p>	

Individual's Name: Faith Cranston

Staff Sign & Date:

Preferred Routines

Routine: Bedtime Routine

Routine Ref No: i.e. JB 1.8.1

Description of routine and Individual's preferred methods of carrying this out	What support is required from staff at each stage? What can be independently achieved?
<p>After supper Faith will watch a movie of her choosing on her tablet. Faith will lie or sit down with her dressing gown on. Melatonin is to be given at 9pm. FC will finish watching movie around 9 pm – 9.15 pm. BGL to be checked 2 hrs after Faith had her supper. Staff will decide who is reading social stories and who is reading a bedtime story to Faith. Staff will read the social stories and not engage Faith with conversation as this will keep her awake and wanting to stay up. Staff to inform Faith who will be supporting her at night and in the morning. Other staff member to read Faith bedtime story and to tuck her in. After the story is finished, staff will tuck Faith into bed and remind her it is bedtime and time to sleep and not to get up. Staff to reassure Faith that one person in the living room at night and to let staff know if she is feeling dizzy or unwell. Faith will say night, night to staff and staff to reply night Faith. Have a good night sleep. There are times where Faith will get up and go to the livingroom to try and engage with staff. Staff should not engage with Faith during this time.</p>	<p>Staff will prompt Faith to check her BGL 2 hours after supper. IF BGL is below 7 staff to give Faith 200ml of milk. staff to remind Faith to brush her teeth. Staff will read FC story and tuck her in. Staff to ensure FC that they will be in living room. FC may get out of bed with no reason or going to the toilet etc, then staff should redirect FC back to bed and encourage her to stay in bed to go to sleep by using script answer 'it's bedtime .Staff not to engage with Faith in any sort of conversations . Staff to let Faith know who will be supporting her tonight and next morning. FC finds it easier to stay in bed if she thinks both staff are going to bed to go to sleep. If FC thought one staff member was staying up it sometimes encourages FC to get out of bed.</p>

Individual's Name: Faith Cranston

Staff Sign & Date:

Support Plan Changes/Updates Log

Routine: Mealttime Routine

Date	Meeting Date	Minutes completed	Updates / actions required	Actions completed	Staff member signature	Senior AP signature

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Section 2

Service Agreement/Future Goals

Section	
2.1	<u>Introductory Information</u>
2.2	<u>Service Agreement</u>
2.3	<u>Future Goals</u>
2.4	<u>Reviews</u>
2.5	<u>Support Plan Changes/Updates Log</u>

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Guidance, Legislation and Policies

Section 2

Health and Social Care Standards

Regulation of Care (Scotland) Act 2001

Charter for Involvement

Keys to Life

Adults with Incapacity (Scotland) Act 2000

Adult support and Protection (Scotland) Act 2007

General Data Protection Regulation 2018

Scottish Strategy for Autism

Human Rights Act (1998)

GIRFEC

Mental Welfare Commission

GAP

Primecare Health Ltd Policies

Intimate Care

Participation and Involvement

Physical Intervention

Well Being

Protection of Vulnerable Adults

Administration of Medication

Accident/Incident

Confidentiality

Transitions

General Data Protection Regulation 2018

Quality

Corporate Risk Management Strategy

Records Management

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Welcome

This pack lets you know what you can expect from the service and how to make the most of the support provided to you.

The practitioners and managers in your team are very approachable and friendly. If you have any questions, please feel free to ask them.

Accessing our services

Service users' access Primecare Health Ltd in different ways. Many of our service users access services through Social Work. Others contact us directly, having heard about the organisation from other agencies or professionals.

There is a charge for our services. Funding can be accessed through your Social Work Department, Self-Directed Support, Direct Payments, Independent Living Fund, Student Awards Agency for Scotland, or you can pay from your own funds.

Individual's
Name:

Faith Cranston

Staff Sign
& Date:

Service User charter

Primecare Health Ltd exists to provide the best possible support and education for people of all ages with autism throughout Scotland.

We believe people with autism have the right to:

- Live independently
- Representation and involvement as far as possible in decisions affecting their future
- Accessible and appropriate education, house, assistance, and support service and to a sufficient income.
- Freedom from fear, threat and from abusive treatment (from the European Parliament Written Declaration on the Rights of People with Autism)

Glossary of terms

Autism – Is a neurological developmental condition that impacts on an individual's social communication, social interaction and social imagination and flexible thinking. Individuals on the spectrum are also likely to have sensory and information processing difficulties that can range from subtle to complex. Every individual's experience of autism is diverse and unique, and our support plans reflect this through our personalised approach.

The autism spectrum encompasses individuals across the cognitive ability range. In other words, a person may be on the autism spectrum and have a learning disability or may be of average to sometimes, high intelligence. More information about autism is available at <https://www.autism.org.uk/>.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Autism Practitioner - This refers to a person who works for Primecare Health Ltd and who will provide support to you. Autism Practitioners are key workers.

Carer – A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help.

Service User – This term refers to you. We use this term to refer to a person who receives a service from Primecare Health Ltd.

Guardianship – A guardianship order is a court appointment which authorises a person to act or make decisions on behalf of an adult with incapacity. A guardianship order can be in relation to property and financial matters, personal welfare, or a combination of these. Guardianship is likely to be more suitable where the adult has long-term needs in relation to these matters. The standard term for a guardianship appointment is 3 years, although the Sheriff has the discretion to make the appointment for a longer or shorter period. Further information is available at www.publicguardian-scotland.gov.uk

Care Inspectorate – The Care Inspectorate “regulates, inspect and support improvement of care, social work and child protection services for the benefit of people who use them”. As a support provider we report to the Care Inspectorate and are inspected regularly. Our inspection reports can be seen on the Care Inspectorate website www.careinspectorate.com

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Codes of Practice

Social service workers and employers must work to Codes of Practice.

The Codes of Practice set out our responsibilities as social service employers and workers. These include:

- Protecting the rights and promoting the interests of service users and carers
- Establishing and maintaining the trust and confidence of service users and carers
- Promoting independence of service users while protecting them as far as possible from danger or harm
- Respecting the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or others

Being accountable for the quality of our work and taking responsibility for maintaining and improving our knowledge and skills

Your Support Plan

A Support Plan will be created with you. This will contain lots of information about you and will help to make sure that staff can support you effectively. Your Support Plan will contain information about your right to choice, dignity, diversity, potential, privacy, respect and safety.

It will address specific needs and routines that have been identified by you.

This includes:

- What name you wish to be called
- The methods you use to communicate
- Your interests / hobbies

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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- Your goals and targets
- Risk assessments to keep you safe
- Guidance on how best to support you

It is the responsibility of your staff to review and update your Support Plan. You should be consulted regularly about information that is contained in your Support Plan. This helps to make sure that it reflects your needs and is relevant to you.

You can look through your Support Plan at any time by asking a member of staff to see it. Your support plan is confidential and is stored securely within your home or our office.

The service for you

Primecare Health Ltd staff aim to provide a service that:

- Ensures that you are always fully involved in all aspects of your support and consulted
- Is in a safe, positive, and supportive environment
- Recognises and addresses the impact of autism on you and your family
- Promotes your ability to communicate and make your own choices about the way you want to live
- Ensures that staff are well trained and knowledgeable
- Helps you to gain satisfaction and enjoyment from life
- Supports you in all areas of your life

Individual's
Name:

Faith Cranston

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& Date:

Your service may include

- Occupational activities (such as employment, voluntary work, and academic support)
- Leisure and recreation activities (such as health and fitness, community activities, hobbies)
- Life skills (such as accessing public transport, managing money)
- Domestic skills (such as support to live independently)
- Emotional support around your health and wellbeing (this can include support for anxiety, depression, loneliness)
- We recognise there may be times when individuals need specific support from other professionals. At these times we work in partnership with these professionals and support agencies to ensure you receive the best form of support.

What you can expect from us

- We will arrive on time
- We will greet you and start your support in a positive manner
- We will support you in accordance with your support plan
- Staff will always treat you with dignity and respect
- We will explain changes to service, offering alternatives
- We will always try to ensure it is someone familiar who provides your support
- We will take into consideration any health and safety issues whilst supporting you
- Staff will adhere to the Service Users Charter and follow the aims and objectives of Primecare Health Ltd.

Individual's
Name:

Faith Cranston

Staff Sign
& Date:

Service User responsibilities

For you to get the most out of the service, your practitioners will expect you to acknowledge some responsibilities as a Service User.

You are responsible for:

- Participating in the planning and drawing up of your support plan. We are here to support you with this, but we need you to let us know what you would like to do.
- Following the support plan for as long as it is relevant to you. It is important that you give activities a try and that you are motivated to develop new skills.
- Keeping yourself and others safe at all times. We will complete risk assessments that will be kept in your support plan. We need you to follow the guidelines that are agreed to keep everyone safe.
- Using the appropriate means to make your wishes known. It is very important to us that you tell us how you are feeling.
- Treating others with respect. Physical or verbal aggression towards staff or other service users is unacceptable and any incidents will be dealt with in line with your support plan.
- Maintaining confidentiality of others. We will not pass on information about you to other service users and we expect you to respect other people's right to privacy.
- Respecting and not damaging or misusing the property of others.
- Using any opportunities to provide feedback on your service.
- If you need to cancel or change your service, we expect 4 weeks' notice of the change

Individual's
Name:

Faith Cranston

Staff Sign
& Date:

Providing feedback to support staff and managers

While accessing the service we hope that you will benefit from the support that the service provides. However, there may be some things about the service that you want to change or do differently. It is important that you tell staff what you like and do not like about the service so that we can adapt the support provided to you. It may be difficult for practitioners to know what you like and do not like about the service because they do not always know what you are thinking.

You can tell us by:

- Telling a practitioner using the communication style that is best for you (Verbally, using facial expression, signs and symbols, or gesture, etc)
- Asking someone else to feedback for you (parent, carer, or advocate)
- Raising concerns at a review meeting
- Telling the manager at the service audit
- Completing the 6 monthly service questionnaires.

Making a complaint

If you are unhappy about an aspect of your Service, we want to know as soon as possible so we can try and put things right. All complaints will be investigated fully and fairly. The complaints procedure enables Primecare Health Ltd to respond clearly and properly to complaints and to know when and why people are not satisfied with its service.

There are steps you need to follow when making a complaint:

Stage 1 (Informal)

The first thing you need to do is speak with member of your support team, Advocate or someone you trust. They will try and help you sort out the problem. If you are still unhappy then you can make an official complaint.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Stage 2 (Formally registering a complaint)

If you are not satisfied with the response you have received at stage one (informal) you should then use stage two of this procedure and write to the Service Manager, 11 Castle Road, Winchburgh, West Lothian, E52 6RQ

Your complaint will be acknowledged by letter within 7 working days from the date it is received.

You will receive a full response to your complaint within 21 working days from the start of the investigation in writing from the person appointed to investigate the complaint

Stage 3 (Appeal)

If you are not satisfied with the response to your complaint, then outline the reasons for your dissatisfaction by letter or email within seven working days of receiving it to the CEO.

The chair of the Appeals Panel will write to you within 28 working days of receiving your appeal, to confirm:

- the final decision about the complaint
- the reason for the decision
- any action that may be taken considering the complaint

Stage 4 (Review of the process)

If once you have been through stages 1 to 3 and not satisfied that Primecare Health Ltd has followed the process properly, then you can outline the reasons for your dissatisfaction by drafting a letter within 21 days of receiving the Appeals Panel decision to the CEO.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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The procedure for making a complaint should be accessible to Service users and families without the need to speak with staff if the complainant does not wish to do so.

You may contact the Care Inspectorate at any time.

If you would like to end your agreement with us

You may want to move on from our service or end your agreement for support. Please let us know as soon as you have made this decision.

You can receive support from your staff, family, care manager, health professionals when making this decision. We will organise a review meeting to discuss ending your service and will agree any action that needs to be taken. We will need a notice period of 4 weeks from you when you decide to end your service. You will always be involved in any discussion or new agreements that are made.

If we need to end the agreement

If we have concerns regarding your service, we will arrange a meeting to discuss these. If there is no solution to the problem, we will give you 4 weeks' notice to end the service. In exceptional circumstances your service may end immediately, however, we will support you through this process.

If Social Work decide to end the agreement

Social Work may decide to end the agreement with Primecare Health Ltd. We will work closely with you and Social Work through this process

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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2.2: Service Agreement

Provider Details

Provider: Primecare Health Ltd
Team providing support: Housing Support
Contact Person: Justyna Zagiell
Telephone Number: 0131 339 1468,
Area Office: 0131 339 1468
On Call: 0131 339 1468
Email: HS-FC@primecarehealthltd.co.uk

Service User details

Name: Faith Cranston
Address: 11/4 Echline Rigg, South Queensferry, Edinburgh, EH30 9XN
Telephone Number: 07717203142
Emergency Contact: Rowena Bain
Relationship: Mother
Address: 6 Burdiehouse, Crossway, Edinburgh, EH17 8HA
Telephone Number: 07840 599888
Email: rowenacranston38@gmail.com

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Guardianship Checklist

Name of person with incapacity:	DOB:	Date guardianship order granted:	Duration of Guardianship:
		20/05/2020	3 years
Name and address of guardian(s):	Relationship:	Granted powers:	Contact Numbers:
Alex Gunn Fort Social Work Centre North Fort Street Edinburgh EH6 4HF Alex.gunn@edinburgh.gov.uk	Social Worker	Welfare: <input type="checkbox"/> Financial: <input type="checkbox"/>	0131 529 2448
	Corporate Appointee	Welfare: <input type="checkbox"/> Financial: <input checked="" type="checkbox"/>	
Rowena Bain 6 Burdiehouse, Crossway, Edinburgh, EH17 8HA Rowenacranston38@gmail.com	Mother	Welfare: <input checked="" type="checkbox"/> Financial: <input type="checkbox"/>	07840599888
Powers of Guardian/Attorneys	Guardian has this power, Yes or No?	Has power been delegated to staff team?	Notes:
Decide where the adult should reside.		<input checked="" type="checkbox"/>	If no, the adult may be free to leave. Is there policy to manage the situation?
Provide social, cultural, educational activities and holidays.		<input checked="" type="checkbox"/>	
Access to be given to medical, social work or care staff when required.		<input checked="" type="checkbox"/>	
Financial powers of any kind (usually as financial guardian).		<input type="checkbox"/>	If No, add details below of who is managing finances.
Consent to medical treatments, research or supervise medication.		<input checked="" type="checkbox"/>	A section 47 Treatment Certificate (see footnote 1) to authorise treatment may be necessary. See GP or Psychiatrist.
Take legal action of any kind on behalf of the adult.		<input type="checkbox"/>	
Access to any confidential records or data held on the adult.		<input checked="" type="checkbox"/>	If Yes, Guardian has the same access to records as adult.
Dress, diet, personal appearance or hygiene.		<input checked="" type="checkbox"/>	
With whom the adult may consort or restrict and control access to certain people.		<input type="checkbox"/>	If Yes, add details below of any person who has restrictions put on their access to the adult.
Always accompany the adult or monitor or supervise the adult.		<input checked="" type="checkbox"/>	If No, is the adult's right to freedom and privacy being respected/ promoted?

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Other? Please specify:		<input type="checkbox"/>	If there are more powers, please detail here
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	Name and Address:	Telephone Number:
Supervisor (for private guardians only).		
Person managing financial affairs – i.e. appointee.	Local Authority:	
Person(s) for who access to adult is restricted. (see footnote 2)		
Any areas of conflict or other information?		
Safe guarder Appointed? <input type="checkbox"/>	Appointee ship Appointed? <input type="checkbox"/>	Copy of Guardianship Order Attached? <input checked="" type="checkbox"/>

Footnote 1:

The act requires a treatment certificate to be completed even where there is a guardian/attorney with this power.

Footnote 2:

Attach details of any arrangements and any other authorised restrictions to this sheet.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Sensitive Agreement

Name: Faith Cranston

Address: 11/4 Echline Rigg, South Queensferry, Edinburgh, EH30 9XN

Date of Birth: 19 June 2003

Place of Worship:

Wishes regarding Burial/Cremation/Will/any other special agreement:

Any Further Details:

I would agree/not agree to readdress this sensitive issue in the future.

If you do wish to readdress this issue, please state a time span to be reviewed: _____

Signature:

Date:

Visited By:

Date:

Individual's
Name:

Faith Cranston

Staff Sign
& Date:

Service Details (copy for support plan)

My name is: Faith Cranston

My service will be provided on the days and times outlined below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
24h	24h	24h	24h	24h	24h	24h

Type of Service: Home Service

Staffing Ratio for Service Provision: 2:1

Number of Hours to be provided: 24h a day

There are a team of Autism Practitioners who may be involved in providing support for me however my Senior Autism Practitioner will take the lead in co-ordinating the service.

Ashley Gray is the Service for the Service.

Justyna Zagiell is the Senior Autism Practitioner for the Service. I can contact them if I have any questions or issues regarding the service.

My team of autism practitioners and I agree to our responsibilities and will work together to make the most of the service.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Primary Intervention strategies will be found within the Personalised Support Plan and include strategies to promote stress reduction.

CALM (Crisis, Aggression, Limitation Management) is the behaviour support approach used by Primecare Health Ltd. Your support plan will detail any CALM support strategies that may be required.

CALM strategies agreed Yes: No:

If you wish to change or are unsatisfied with the service, please discuss with your support staff or/and complete the attached form. Should you wish to end your service from Primecare Health Ltd, 4 weeks' notice is required.

Family Contact Agreement – please detail:

Signatories to Agreement:

User/Representative:

Primecare Health Representative:

Date of Agreement:

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Service Details (copy 2 to be kept by Service User)

My name is: Faith Cranston

My service will be provided on the days and times outlined below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
24h	24h	24h	24h	24h	24h	24h

Type of Service: Home Service

Staffing Ratio for Service Provision: 2:1

Number of Hours to be provided: 24h a day

There are a team of Autism Practitioners who may be involved in providing support for me however my Senior Autism Practitioner will take the lead in co-ordinating the service.

Justyna Zagiell is the Manager for the Service.

Ashley Gray is the Service Manager. I can contact them if I have any questions or issues regarding the service.

My team of autism practitioners and I agree to our responsibilities and will work together to make the most of the service.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Primary Intervention strategies will be found within the Personalised Support Plan and include strategies to promote stress reduction.

CALM (Crisis, Aggression, Limitation Management) is the behaviour support approach used by Primecare Health. Your support plan will detail any CALM support strategies that may be required.

CALM strategies agreed Yes: No:

If you wish to change or are unsatisfied with the service, please discuss with your support staff or/and complete the attached form. Should you wish to end your service from Primecare Health Ltd, 4 weeks' notice is required.

Family Contact Agreement – please detail:

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Primecare Health Ltd staff will drive mobility vehicles on your behalf; however all liability and motor expenses are your responsibility. This includes accidental damage and insurance excess.

Payment arrangements

- The service described has been agreed and will be funded at the agreed rate.
- The agreed rate includes the full cost of running and staffing the service on an established basis.
- Payment will be made in full including when the individual is unable to attend either through illness, holiday, or absence, unless agreed by all parties in advance. This is to ensure continuity of employment for staff employed to deliver the service.
- Invoices will be issued as per your individual agreement.
- If payment is not received on time this may result in suspension/termination of service.
- Where a significant sum (exceeding 2 months service costs) is outstanding, Primecare Health Ltd will refer the matter to Social Work.
- A period of 4 weeks' notice must be given by either party to either vary or terminate the specification or conditions of this contract. Primecare Health Ltd reserves the right to terminate the service where it is no longer meeting the individual's needs.

Signatories to Agreement:

User/Representative:

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Primecare Health Ltd Representative:

Date of Agreement:

Contact us

Address:

Telephone No:

Fax:

Website:

Email Address:

Scottish Charity No. SC009068
Company Limited by Guarantee.
Registered in Scotland No 81123
Hilton House, Alloa Business Park
Whins Road, Alloa, FK10 3SA
01259 720044

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Future Goals/Aspirations

Short Term	Long Term
<p>To be able to attend the hairdresser</p> <p>Being more involved with preparing my meals</p>	<p>To enter classroom at college every Tuesday and interact with my teacher and classmates, attend group activities with my peers.</p> <p>To help cook all meals, daily.</p>
Progress since last review	Goals for next review
<p>Attended hairdresser to get used to the setting.</p> <p>I go to the shops to buy my food with my staff and help with gather ingredients for my meals.</p>	<p>To have my hair cut, washed, and blow dried by a professional.</p> <p>To be involved in all meals.</p>
See attached review and action plan	Goal progression

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Section 3

Health Care Pack Reference

Section	<u>(Refer to Health Care Pack)</u>
3.1	<u>Healthcare Professionals Contact List</u>
3.2	<u>Current Health and Wellbeing Status</u>
3.3	<u>Appointments Log</u>

Individual's
Name:

Faith Cranston

Staff Sign
& Date:

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Guidance, Legislation and Policies

Section 3

Health and Social Care Standards	Human Rights Act (1998)
Regulation of Care (Scotland) Act 2001	GIRFEC
Charter for Involvement	Mental Welfare Commission
Keys to Life	GAP
Adults with Incapacity (Scotland) Act 2000	
Adult support and Protection (Scotland) Act 2007	
General Data Protection Regulation 2018	
Scottish Strategy for Autism	

Primecare Health Policies

Intimate Care

Participation and Involvement

Physical Intervention

Well Being

Protection of Vulnerable Adults

Administration of Medication

Accident/Incident

Confidentiality

Transitions

General Data Protection Regulation 2018

Quality

Corporate Risk Management Strategy

Records Management

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Healthcare Professionals Contact List

Professional	Name	Contact Number	Address	Active Referral
Dentist	Pennywell All Care Dental Care	0131 286 5090	101 Pennywell Gardens Edinburgh EH4 4UA	V
Optician	Optimyes	0131 629 4200	25 Hopetoun Road South Queensferry EH30 9RB	V
CLD Nurse	Lesley Nangle	0131 529 5034		
Chiropody				
Podiatry				
Speech & Language	Alistair Henderson/ Eleanor Douglas	0131 537 9589 07881 517568	St Rouges Astley Ainsley Hospital Edinburgh EH9 2HL	
Psychology – Clinical Psychologist	Hannah MacLean	0131 447 9108	CAMHS, Forteviot House, Edinburgh, EH92AR	
Psychiatry	Dr Shetty	0131 537 9596	Royal Hospital for Sick Kids, Sciennes Road, Edinburgh EH9 1LF	
Dietician – Diabetes Nurse	Fiona Mackenzie	0131 536 0375	Royal Hospital for Sick Kids, Sciennes Road, Edinburgh EH9 1LF	
Pharmacy	Lloyds Pharmacy	0131 331 4347	33 The Loan, South Queensferry EH30 9SD	
G.P.	Dr Leckie	0131 537 4407	South Queensferry Medical Practice, 41 The Loan, South Queensferry EH30 9HA	
Social Worker	Alex Gunn	0131 529 2448	Fort Social Work Centre 25 North Fort Street, Edinburgh EH6 4HF	

Individual's
Name:

Staff Sign
& Date:

Current Health and Wellbeing Status

Current conditions	Professionals involved	Details of health care plan and interventions
Type 1 Diabetes	GP – Dr. Leckie Fiona McKenzie – Diabetes Nurse	See separate documentation for Diabetes care plan
Autism	Primecare Health Clinical Psychologist Speech and Language Therapist Psychologist	

Individual's Name:	
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Staff Sign & Date:	
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PRIMECARE
HEALTH

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Individual's Name:	
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Staff Sign & Date:	
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Section 4

Support Strategies

Section	
4.1	<p><u>4.1.1 Weekly Schedule</u></p> <p><u>4.1.2 Agreed Outcomes</u></p>
4.2	<p><u>Activity/Routine Analysis:</u></p> <p>(corporate risk assessments to be included per activity)</p> <ul style="list-style-type: none"> • Activity/Routine - Evaluation • Activity/Routine - Recording
4.3	<p><u>Individual Learning Strategy:</u></p> <p>(corporate risk assessment to be included per task)</p> <ul style="list-style-type: none"> • Individual Programme/Task Description • Task Breakdown • Task Breakdown Recording

Individual's Name:	
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Staff Sign & Date:	
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4.4	<p><u>Personalised Support Plan</u></p> <ul style="list-style-type: none">• 4.4.1 - Baseline behaviour• 4.4.2 - Anxious behaviour• 4.4.3 – Concerning behaviour• 4.4.4 – Calming down/Returning to baseline• 4.4.5 – Minimising restrictive practice• 4.4.6 – Personalised Support agreements
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Individual's Name:	
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Staff Sign & Date:	
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Guidance, Legislation and Policies

Section 4

Health and Social Care Standards

Regulation of Care (Scotland) Act 2001

Charter for Involvement

Keys to Life

Adults with Incapacity (Scotland) Act 2000

Adult support and Protection (Scotland) Act 2007

General Data Protection Regulation 2018

Scottish Strategy for Autism

Human Rights Act (1998)

GIRFEC

Mental Welfare Commission

GAP

Primecare Health Ltd Policies

ATLASS (Low Arousal) Framework

Intimate Care

Participation and Involvement

Physical Intervention

Well Being

Protection of Vulnerable Adults

Administration of Medication

Accident/Incident

Confidentiality

**Individual's
Name:**

**Staff Sign
& Date:**

Weekly Schedule

4.1.1



Transitions

General Data Protection Regulation 2018

Quality

Corporate Risk Management Strategy

**Individual's
Name:**

**Staff Sign
& Date:**

Activity Ref:

Independent Activity / Leisure / Relaxation/ Routine – Evaluation

Activity Name: Bedtime Routine

Activity/Routine Description

Assisting FC in going to bed at 10pm

What preparation is required by staff (include detail relating to environment /equipment / resources)

Ideally staff will ask FC to choose which film she would like to watch on her tablet after supper then FC will set her table and staff to provide FC with her supper around 7- 730pm. FC is usually happy to watch a movie on her own with lights dimmed and staff can use this time to do cleaning tasks, update support plan, ironing etc. Staff to use calm and positive, toned down voice during this time.

Describe how Activity/Routine will be initiated

If the radio is on it will be switched off when FC comes out her shower and gets changed into her night clothes. Staff to encourage FC to wear her dressing gown. A verbal prompt will be given to FC 'In 5 minutes the radio will be switched off'

Describe in detail the support required to facilitate activity

FC should be prompted to brush her teeth before bed. FC should then be told which member of staff will read her social stories and which member of staff will read her bedtime story. When staff enter FC's bedroom, they should switch off the light, leave the bedroom door open and leave the hall light on. FC will be read only one bedtime story. When reading the story do not engage with FC if she attempts to interrupt the story. When the story is finished, staff will tell FC "now is bedtime, goodnight "and that staff will be in living room. FC should be reassured that staff will be in the living room if they need anything. If FC tries to initiate conversation staff to say:" It's bedtime".

What records will be kept relating to Activity/Routine

Daily Log/Night log

Recorded in SP
(enter section)

4.2

Risk Assessment in place (enter ref #)

Individual's Name:

Faith Cranston

Staff Sign & Date:

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Activity Ref:	<u>Independent Activity / Leisure / Relaxation/ Routine – Evaluation</u>
	Activity Name: Having a shower

<u>Activity/Routine Description</u>	Assisting FC to have a shower to have good personal hygiene.
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<u>What preparation is required by staff</u> (include detail relating to environment /equipment / resources)	
FC should be encouraged to shower in the evening. Staff should assist FC to ensure she has adequate shampoo, shower gel and towels, as well as her clothes/pyjamas, dressing gown and slippers. Staff are to make sure that the water temperature is not too hot or cold by using the thermometer provided. The window in the bathroom needs to be closed to protect FC's privacy. If FC has her period, FC should have one shower a day. FC is now able to wash hair and staff need to shave FC's armpits when needed.	

<u>Describe how Activity/Routine will be initiated</u>	
FC to be verbally prompted to have a shower with visual aid. If FC is reluctant to have a shower, staff use "adult framework" (e.g. "you are a young lady and young ladies have a shower to be clean and feel better").	

<u>Describe in detail the support required to facilitate activity</u>	
FC should be verbally prompted by staff to have shower while presenting visual aid. A staff member (ideally female) can encourage FC to wash her hair if required. FC can wash herself so staff can leave her to do that alone. Staff can check on FC by knocking on the door. After the shower, FC will return to her bedroom dressed into dressing gown where she will dress herself into pyjamas.	

<u>What records will be kept relating to Activity/Routine</u>	Shower chart
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Recorded in SP (enter section)	4.2	Risk Assessment Title	Faith having a shower or bath
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Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Independent Activity / Leisure / Relaxation/ Routine - Recording Independent

Activity / Leisure / Relaxation/ Routine – Evaluation

Activity Ref:

Activity Name: Getting ready for college routine

Activity/Routine Description

Assisting FC to get to college with all her necessary items.

What preparation is required by staff (include detail relating to environment /equipment / resources)

Staff to wake up FC earlier than usual just after 8.00am. Ensure FC packs blood glucose checking kit. Staff to make packed lunch/snack, calculate carbs and take copy of ratios and bolus calculator. Book black cab for 9.20am. FC should be appropriately dressed in comfortable clothes. Staff to read social stories about going to college and remind her of rules about how to behave in black cab.

Describe how Activity/Routine will be initiated

FC will be prompted to wake up at 8am and reminded by staff that she is going to college.

Describe in detail the support required to facilitate activity

FC will wake by herself or will need prompting awake by staff. Once awake FC gets her medication at 8am and then FC should be prompted to get dressed using visuals. Next, FC should be asked by staff what she would like for breakfast by giving FC two options. FC will be prompted for blood glucose reading and, once staff have counted carbs, FC will be given her insulin, staff will cook FC's breakfast and then breakfast will be given to FC 20 minutes later. FC should then be prompted to brush her teeth and pack her college bag using visuals. FC should pack her purple water bottle, glucose reading kit, and blue college folder containing important information, the clipboard with visual prompts and any homework. When this is completed, staff will accompany FC into black cab and to school.

What records will be kept relating to Activity/Routine

Notes in daily log

Individual's Name:

Faith Cranston

Staff Sign & Date:

Recorded in SP (enter section)	4.2	Risk Assessment in place (enter ref #)	
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Activity Ref:	<u>Independent Activity / Leisure / Relaxation/ Routine – Evaluation</u>
	Activity Name: Dinner

<u>Activity/Routine Description</u>	Preparing FC's dinner and ensuring amount of carbohydrates are calculated as well as ensuring insulin is administered. Blood glucose to be checked before and after dinner.
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<u>What preparation is required by staff</u> (include detail relating to environment /equipment / resources)	
<p>Staff will do menu planner before breakfast each day which will include her dinner choice. Staff will know what ingredients they need to buy to cook and will gather the necessary kitchen utensils prior to dinner and have a recipe to follow if required. FC will set her table in advance with a fork, knife, and spoon, as well as a cup of tea, and will take a jelly, yoghurt or fruit to her table for dessert. Staff will also have an activity planned to engage FC while dinner is being made due to FC having to wait 10-20 minutes after having her insulin. Staff will also ensure FC has insulin and needles before giving insulin and then will ask FC verbally with a visual aid to choose an activity. Once dinner has been made, FC will sit at her dining room table with staff (if she wishes) and eat her dinner.</p>	

<u>Describe how Activity/Routine will be initiated</u>	
<p>FC will be told that one member of staff is going to make dinner and she will be asked to check her blood glucose levels. The other staff member will then engage FC with the planned activity and note down FC's blood glucose level.</p>	

<u>Describe in detail the support required to facilitate activity</u>	
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Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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FC will require someone to take note of her blood glucose level on the allocated sheet found in the staffroom, however FC can check her blood glucose this herself. After the amount of carbohydrates in the meal has been calculated for dinner, FC will require a staff member to calculate and administer their insulin via injection. After insulin has been given, FC will require a staff member to participate in a chosen activity or interact with FC while dinner is being made to ensure she feels less anxious while waiting for dinner to be prepared and made. Following this FC will be given her dinner. Two hours after dinner, FC will be prompted to take her blood glucose levels which will be noted by staff. After dinner FC will wash her dishes which will require one staff member present to ensure her safety while using warm water. FC should be praised for this.

What records will be kept relating to Activity/Routine

Blood glucose level before and after dinner, carbohydrates in meal, insulin given, and food for dinner.

Recorded in SP (enter section)		Risk Assessment in place (enter ref #)	
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Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Activity Ref:

Ref:

Activity / Leisure / Relaxation/ Routine - RecordingIndependent

Activity / Leisure / Relaxation/ Routine – Evaluation

Activity Name: Swimming

Activity/Routine Description

Taking FC to the swimming pool. Beneficial for exercise.

What preparation is required by staff (include detail relating to environment /equipment / resources)

FC should be appropriately dressed. Staff will prompt FC needs to bring the correct and clean swimwear and a towel in a bag with her blood glucose checking kit prior to leaving the house. Staff will take 'as required' medication, the 'out and about kit' and the medication administration record. A car is required to go swimming as well as a working seatbelt restraint (belt buddy). FC must sit in the back of the car with a belt buddy and both staff members must sit in the front.

Describe how Activity/Routine will be initiated

FC will prompt staff for swimming or staff will suggest it as part of a series of choices. FC will be prompted verbally as well as visually about going swimming.

Describe in detail the support required to facilitate activity

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Name:

Faith Cranston

Staff Sign
& Date:

Support FC in getting settled into the car with the seatbelt secured with a belt buddy. At the swimming pool, a female member of staff will assist FC in changing into swimwear in a private cubicle to ensure FC's privacy. One member of staff will go into the water with FC. When swimming time is finished, staff should verbally prompt FC with visual aid for '5 minutes left' using hand. A female member of staff should assist FC in drying and changing back into clothes in a private cubicle. Staff will then assist FC back into the car and secure the seatbelt restraint. The flat will be secured on return.

What records will be kept relating to Activity/Routine

Daily Log/Diary/MAR if required

Recorded in SP
(enter section)

4.2

Risk Assessment in place (enter ref #)

Activity Ref:

Independent Activity / Leisure / Relaxation/ Routine – Evaluation

Activity Name: Going Bowling

Activity/Routine Description

FC going Ten-Pin bowling with staff. Engaging FC in a fun activity.

What preparation is required by staff (include detail relating to environment /equipment / resources)

FC should be appropriately dressed. Staff to take spare clothes and 'out and about kit' with supplies needed to anxiety and hypos. FC to take water bottle and blood glucose testing kit. Staff to take money for the trip. Flat will be secured on exit. Staff will take care to avoid peak bowling times. Staff will ensure activity does not clash with important routines such lunch, or appointments and, if FC will be out over lunch, a packed lunch is required. A car is required for this activity as well as a seatbelt restraint.

Describe how Activity/Routine will be initiated

FC may request this activity or staff may suggest this in several choices. FC will be verbally and visually prompted

Individual's Name:

Faith Cranston

Staff Sign & Date:

	about going bowling if presented as a choice.

<u>Describe in detail the support required to facilitate activity</u>	
<p>When preparation is completed, staff and FC to follow the 'Driving in car' activity protocol and staff should use the appropriate social story. Once arrived at bowling, staff will pay for FC and staff members to participate in one game of bowling and hire FC's and staff's bowling shoes. FC will be supported by staff to change into bowling shoes. Staff will setup scoring display. Staff will request from the onsite staff that the side bumpers are raised. Staff will need to manage bowling with FC such as timing and collection of the bowling balls. Staff will support FC to put her fingers into the bowling ball correctly to avoid injury. Staff will help keep FC hydrated throughout the activity. Staff will prompt FC for a blood glucose check if needed. When the game ends, staff will return shoes and will escort FC home. The flat will be secured on return.</p>	
<u>What records will be kept relating to Activity/Routine</u>	Daily Log/Petty Cash voucher/MAR if required

Recorded in SP (enter section)	4.2	Risk Assessment in place (enter ref #)	
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Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Activity Ref:

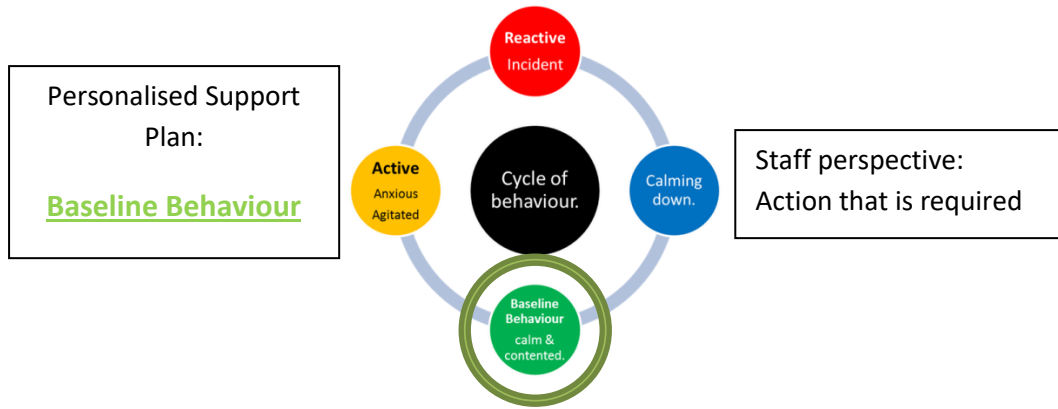
Independent Activity / Leisure / Relaxation/ Routine - Recording

Activity Name:

Day / Date	Individual's Response to Activity	Staff Input Required	Positive Outcomes	Areas of Difficulties	

Individual's Name: Faith Cranston

Staff Sign & Date:



Describe presenting behaviours displayed when calm and content	Support strategies required from staff to help individual stay content
<p>Visibly content and happy, usually smiling.</p> <p>Communicating verbally with staff.</p> <p>Using words – “please” and “thank you”.</p> <p>Cooperates well with both visual and verbal instructions.</p> <p>Even if Faith is not engaging in activities, she is tolerant of the activities done by staff.</p> <p>Accepting timescales for activities.</p> <p>FC becoming visibly agitated and she is not smiling.</p> <p>Starting to communicate verbally “I am bored I will pull your hair I will scratch you I hate you” Starting to cross barriers and invading personal space of staff – might use a middle finger, spitting, do not listen,</p> <p>Asking repetitive questions (usually about other members of staff) – swearing</p> <p>FC is agitated and aggressive towards staff, physically attacking staff and verbally abusive</p>	<p>Use positive voice.</p> <p>Praise Faith.</p> <p>Encourage Faith to join activities and help if activities involve concrete objects (including blocks). Offer Faith to touch objects to feel their texture, temperature and ask what she thinks about them. Praise if she participates.</p> <p>Staff not to engage in negative conversation – staff to use positive language and offer alternative activity ensuring current one is finished properly and not interrupted by FC</p> <p>Use script “we do not talk about people who are not here”. Ignore the behaviour but not FC. Staff can use adult framework “you are a young lady now and young ladies do not swear” Keep positive voice, ignore the behaviour, distract and redirect Staff not to be intimidated, staff to use calm as the last resort Staff to say to FC “I can see your upset. Calm down and I will talk to you” Staff should go to staff room and only stay in same room at a safe</p>

Individual's Name: Faith Cranston

Staff Sign & Date:

<p>FC has calmed down and is apologising for her behaviour and promising she will not be swearing/hitting/pulling staff hair anymore FC starts to smile again and communication verbally with staff in appropriate manner</p>	<p>distance. Reassure FC that staff are there for her and will stay regardless of her behaviour Staff to acknowledge FC and say that is ok and they are not upset and appreciate FC apologising. Use positive voice and appraisal. Use visual aids to show next activities</p>
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Individual's Name:	Faith Cranston
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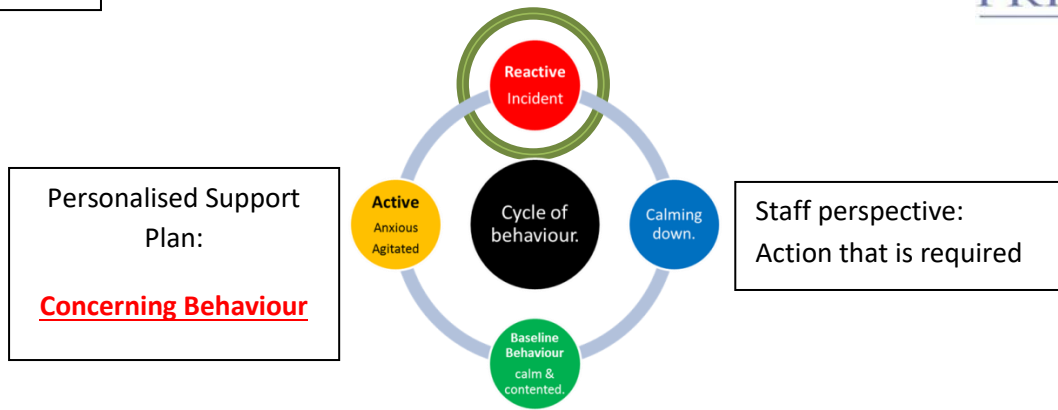
Staff Sign & Date:	
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Describe presenting behaviours displayed when anxious / aroused / agitated	Support strategies required from staff to moderate stress and stop the situation escalating
<p>When Faith is anxious, she will often cover her face with anything she can. When outside this may be a jacket and when inside it may be her hand or a pillow. Also, when Faith is anxious, she may tell staff she is “scared” or “nervous” and that she does not want to go into or to a certain place or partake in a specific activity or task. When beginning to become aroused Faith will start to swear more frequently during conversation. Faith will not participate for very long or at all in the activities proposed by staff. When agitated Faith will start to use more explicit language towards one or both her staff members, however there is usually one individual in which the agitation is caused by. Faith may start to spit in the direction of staff in an aggressive manor.</p>	<p>If Faith is anxious staff should do their best in order to help her through the situation and take her mind away from the thing making her anxious. If out in public and Faith begins to feel anxious, staff should offer Faith their arm to link onto. This supplies Faith with comfort and support through the situation. In addition to the linking of arms, staff should communicate with Faith, telling her there is nothing to fear or worry and reassuring her that it will be ok works well. When Faith is aroused staff should attempt to completely redirect her onto a different activity or task. If Faith becomes bored during an activity staff should attempt to encourage Faith to finish the game. Upon completion of the activity staff should tell Faith that the activity is over and let her know she can have a little break on the couch, after about 5 minutes staff should start a new activity. This will take Faiths mind away from whatever was making her aroused. In the event Faith becomes agitated the member of staff which Faith is fixated on (which should be evident by who she is spitting or swearing towards) should remove themselves if possible. The remaining staff member should then try and redirect Faith by talking about a new topic and exciting things. Simply asking Faith what is wrong is sometime very effective. If faith expresses why she is agitated, the staff member should cooperate with Faith to find a solution.</p>

Individual's Name: Faith Cranston

Staff Sign & Date:



Describe presenting behaviours displayed that are challenging and of concern	Support strategies required from staff to mediate stress and manage the situation
<p>When Faith is very anxious her face expression will change. Faith expression will become serious, quite often she will pull faces and scowl Faith might stare at staff or turn her face away. Faith body language will change – Faith will cross her arms in an apparent grump. Faiths challenging behaviour will often easily be identified due to her very aggressive manor in which she will display a very high level of violence. Faith will try to hit staff but is usually fixated on hitting one member of the team. Faith will also pull female members of staffs' hair. Faith will not participate in any activities that are proposed by staff, she will ignore, pack up the game or continue to try and hit staff. Faith will tend to use much more offensive and explicit language. Faith will also tend to threaten a member of staff with very unpleasant sayings and vocabulary. Faith tends to become more sexualised when she is challenging. This may be her referring to sexual acts while speaking to staff or flashing her explicit body parts/areas towards staff.</p>	<p>When Faith becomes challenging, if it is obvious it is towards a certain member of staff, that person should remove themselves from the situation, remaining out of sight but still within earshot of the situation. The remaining staff member should immediately try and attempt to deescalate the situation by redirecting Faith or trying to get to the bottom of what is wrong and producing a solution as Faith may tell the favourable staff member what the reason is for being challenging. If Faith is violent and aggressive towards both staff then both staff should remove themselves, telling Faith to take time to calm down. Staff should remain in the office with the door shut so Faith can take time to process what she has done. In the event Faith flashes at staff, she should be told to immediately pull her trousers up and top down in a firm manor and staff should explain to Faith this is un lady like.</p> <p>As a last resort in all cases restrictive physical CALM techniques may be used on Faith.</p>

Individual's Name: Faith Cranston

Staff Sign & Date:



Describe presenting behaviours displayed when returning to a calm state	Support strategies required from staff to help individual calm and return to baseline
<p>When Faith is returning to a calm state, she will often apologise for the actions that she displayed, she may also use sign language to further emphasise her apology. Faith face expression will soften down. Faith will likely sit on her couch and will want staff to come through. She may ask questions about why she did a certain thing and may state what she did. Faith may become curious as to why her staff reacted in a certain way. Faith will likely participate well in activities now and will be more focused. Faith will also allow staff near her to engage in better conversation or tasks.</p>	<p>Staff should talk Faith through the situation that just occurred and explain to her why what she did was wrong and not nice. Staff should simplify things for Faith so she can learn from her actions. All of Faiths questions should be answered, but if Faith becomes repetitive on the same subject staff should redirect. Offering Faith, a choice of activities will increase her enjoyment and attention on that task. When Faith apologises staff should take the time to ask what she is apologising for and explain to her that she needs to prove she is sorry.</p>

Individual's Name: Faith Cranston

Staff Sign & Date:

Minimising Restrictive Practice

Describe the behaviour and restrictive practice that is used as a last resort?

When Faith is Physically attacking her staff, restrictive practice may be used as a last resort. When Faith tries to hit staff, staff may block Faiths attempt by using their arm to defend themselves. If Faith continues to hit, then the staff member can use CALM techniques such as turning, guiding, and directing. If restrictive practice may be used outside staff may resort to the figure four hold or the cross hold to escort Faith away and prevent her hitting. If Faith grabs a staff members hair the individual may use the rear hair grab to remove Faiths grip.

Identify variables that impact on the individual and what is the function of this behaviour? (For example when more likely to occur/factors that increase likelihood)

The behaviour is more likely to happen when Faith is in an agitated state however could happen at any point and is sometimes unpredictable. Faith is more likely to become agitated and attack staff when she is bored and/or doing something that she would rather not do. Faith is also more likely to attack staff that she is not very fond of.

Set target for reduction in restrictive practice with an aim for further reduction or elimination of restrictive practice. What strategies are in place and identify new goals?

To reduce restrictive practice staff will start to remove themselves from the situation before Faith become physically aggressive. Staff will also attempt to keep Faith entertained by doing a wider variety of activities and task that Faith enjoys, this will aim to reduce Faith feeling bored. Everyday staff will perform yoga with Faith, this will give faith time to relax, stretch and calm herself.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Minimising Restrictive Practice Continuous Review

Has the frequency or duration of the identified restrictive practice been reduced?
Review and reflect:

On-going learning and action plan: Review support plan and stress reduction plan, set target for further reduction/elimination of restrictive practice/increase positive interactions and opportunities

External communication / consultation and their input into further reducing or eliminate the restrictive practice.

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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Personalised Support Plan Agreements:

Review Date:

Staff Signature:

I have read and understood the above Personalised Support Plan and agree to implement agreed actions documented above:

Service User Signature:

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Staff Signatures:

Parent/Guardian Signatures:

Social Worker Signatures:

Individual's Name:	Faith Cranston
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Staff Sign & Date:	
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