



Support Plan

Service User:	Israh Naeem	D.O.B:	26.05.1999
Service/Area:	Housing Support	Service Commenced:	18/11/2019

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: 01506890970/01313391468

Company Registration Number :SC272307



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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



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 users 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>

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 Details

Full Name:	Isarah Naeem	Preferred Name:	Israh
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Photograph	D.O.B:	26.05.1999
	Home Address:	138/4 Bonnington Road EH6 5JP Edinburgh

Important Relationships

<u>In Case of Emergency:</u>				
Name	Relationship	Address	Telephone	Additional information
Sara Altaf	Mother	20 Pilton Drive, Edinburgh, EH5 2HQ	07490275881	Legal guardian

<u>Family/Friends/Pets</u>				
Name	Relationship	Address	Telephone	Additional information
Naeem Riaz	Father	6 Burdiehouse Drive, Edinburgh EH17 8BB	07735 571520	
Safa Naeem	Younger sister	20 Pilton Drive, Edinburgh, EH5 2HQ		
Jamal Naeem	Younger brother	6 Burdiehouse Drive, Edinburgh EH17 8BB		
Two baby sisters		6 Burdiehouse Drive, Edinburgh EH17 8BB		

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Professional People Involved

Professional	Name	Address	Telephone	E-Mail
Social Worker	Fiona Hunt	8 West Pilton Gardens, Edinburgh, EH4 4DP	07917077818 0131 529 7282	
Occupational Therapist	Laura McLean	North West Edinburgh Community Learning Disabilities Team and Discharge Planning 8 West Pilton Gardens Edinburgh EH4 4DP	0131 529 5235 07920 247919	
Positive Behaviour Team	Sandra Joyce	Sandra Joyce Charge Nurse Specialist Positive Behaviour Team Edinburgh HSCP Castle Craggs 157 Duddingston Road West EH16 4UY	0131 200 4197 (Mon and Thurs) 07900 052 841	

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**Senior
Autism
Practitioner:**

Justyna Zagiell

Staff who regularly support me are					
Karolina Ulatowska	Paula Fargas	Belen Gonzalez	Nellie Ostberg	Lauren Hastings	Hamza Amir
Girlie Lindsay	Rhys Bone-Cartwright	Klara Malovrh			

1.2 Health/Diet/Medical Overview

Autism Diagnosis	Israh has a diagnosis of Autism Spectrum Disorder
Autism & Learning Disability	Israh has Learning Disabilities as well as Autism
Comorbidity	

General Health	Dietary Information – likes/dislikes - Allergies
<p>Israh appears to be in good general health.</p> <p>Israh will take complex absence seizures throughout the day</p> <p>Israh is overweight. She doesn't go to the gym or take daily walks.</p>	<p>Israh has no known allergies. Israh enjoys a very wide variety of food but is limited to the meat that she can eat due to her religion. Israh is always offered a choice of what food she would like to eat. She will often specifically ask for a certain food as well.</p>
Medical Conditions	Where to find additional information on diet plans and meal time routines
<ul style="list-style-type: none"> • Diagnosed with ASD • Diagnosed with Learning Disability • Diagnosed with Epilepsy (complex absence seizures) • Diagnosed with primary microcephaly 	<p>In Israh ISP Medication Folder</p>

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Cultural and Religious Requirements

Individual's understanding of religious requirements	Staff support that is required
<p>Israh worships the beliefs of the Muslim religion. This has been an integral part of her family life since she was born. All Israh's close family also worship the same religion.</p>	<p>Israh understands her religion well but may have to be reminded that she cannot eat meat that is not halal due to her beliefs.</p>

Sexuality

Individual's understanding of their sexuality	Strategies to support in this area
<p>Israh has started exploring her body in a sexualised manor but doesn't know where or when this is appropriate. Israh has a keen interest in males and will often get very distracted if one of a similar age passes Israh</p>	<p>Staff will complete Sexual health and relationship training to learn how to support Israh's needs. Staff should also remind Israh this behaviour should only be carried out in private. Mum has told Israh that she is not allowed to look for boyfriends until at least 40 years old, staff should remind Israh of this as she respects mums view.</p>

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1.4 Outcomes

Brief Description of the service	
<p>Israh is supported 2:1, 5 days a week for 5 or 6 hours a day. This will be building up to 2:1, 24/7 support. Currently staff collect Israh in the morning or meet her at her flat, and take her out for the day to do various activities in the local community or support at her flat.</p>	
Individual's contribution to support plan in detail:	
<p>Israh has indicated her likes and dislikes to staff and expresses her preferences when given a choice. Israh does not currently contribute specifically to her support plan but through her choice making we can build a picture of what she would like to do. Israh will verbally communicate with staff as best she can to indicate that she is finished an activity and wants to move on. She can also communicate through visual aids (emojis on her cellphone). Feedback is sought from Israh daily and staff monitor the choices Israh is given daily to ensure we are giving her the best selection.</p>	
Individual's understanding of his/her service	Individual's representative understanding of his/her service
<p>Israh is aware that her staff are new and that the time she spends with them will increase. Israh is aware that she will move away from mum in the future</p>	<p>Israh's mum has a full understanding of her service and talks to staff before and after the daily shifts for updates and news. Staff also have her phone number to message her if something unusual comes up.</p>

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1.5 Participation

How does the individual participate in life decisions?	Areas where additional support is required
Verbal language Photos Gesture Visual supports Sign Facial expressions	Speak clearly to Israh and give her time to respond and repeat id needed. Use pictures and signifiers to offer choices
Who may Participate on the Individual's behalf?	Strategies to assist the individual to participate
Support Staff Family Professionals (Doctor, Psychologist)	Visual choice board, simple verbal communication. Repetition to ensure understanding.
Tools that assist participation	Where are these tools found?
Photos Physical objects presented to make a choice. Social story "how to treat staff"	Social story about how to treat staff be kept in a folder found in Israh's car
Evidence of this can be found	Additional Information
In daily logs, reports, and ISP.	Israh can indicate using nodding or shaking of her head to indicate she does or does not want to do something when asked, Israh can also stick up her thumb to indicate she is ok. Israh can understand spoken word fully and speaking should be the first method of communication.

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Autism Profiling

Israh Naeem

Flexibility of Thought and Imagination

Strengths

She can imagine her wedding and she would describe her dress and make up. She would also make "phone calls" to her friend Callum and pretend she has a conversation with him. She also likes to plan a potential holiday

Challenges

The main challenge here would be that she always falls into the same topics when it comes to imagination.

Likes

- Eating
- Singing and listening to music
- Road trips
- Watching videos on Youtube
- Horses
- Airplanes

Dislikes

- Walk
- Physical activities

Thinking Styles

Strengths

Appears to thrive in a structured and safe environment. Able to express her opinion

Challenges

In some occasions, she requires to be explained more than once to understand what's going to happen (e.g. Her day plans)

Sensory

Strengths

Israh appears to like a variety of textures relating to both touch and taste. Israh does not appear to have any issues with any noises.

Challenges

Israh has shown symptoms of negative vestibular balance. She may stumble or bump into things when standing or walking. Noisy, busy environments. Requires more personal space when anxious.

Skills

Responds well to instruction. Good memory. Uses various methods of communication.

Health

Good health. Overweight that causes backaches. Absence seizures due to epilepsy

Personality

Israh seems like a happy young lady, friendly and very outgoing. She would also try to test her new members of staff once she earns their trust.

Social Interaction

Strengths

Israh likes to interact with new people, she likes to ask lots of question to get to know them. She even likes to talk to strangers in the street, e.g. When they are walking their dog.

Challenges

When it comes to interaction, Israh can cross some social boundaries, asking too many personal questions or even touching people without saying it.

Social Communication

Strengths

Israh can express her wants and needs. Israh will communicate verbally to the best of her ability but can require the visual board to help.

Challenges

Israhs verbal communication is limited due to her learning disabilities. Staff may find it hard to understand Israh when she speaks

1.6.2 Communication

Method of communication	Strategies to support
Verbal communication Sign a long Symbols Body language Nodding and shaking of head Thumb up and down to convey happy/sad or ok/not ok	Staff should use questions or sentences that can answered with a yes or a no. Using a visual object to let Israh choose.
Tools that staff can use to support communication	Where these tools can be found
Israh can understand fully when people speak to her but should be told to pay attention. Visuals will help Israh to understand more complex things and make harder choices	Israh's bag that she will always have with her. Israh's car.
Outcomes/future goals	Additional information
The ability to highlight her own preferences easily	

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1.6.3 Interaction with Others

Interaction with others	Areas where support is required
<p>Israh appears to benefit from one person talking at a time.</p> <p>Appears to become confident when speaking to someone new and will often get too close to people and invade their space.</p>	<p>Support is required to guide Israh through a new interaction to prevent the immediate issue of her invading someone's privacy</p> <p>Staff should introduce new members to Israh by ensuring the staff member is at a distance from Israh this will prevent her invading their space.</p>
Strategies to support	Areas for development
<p>Staff to seek out ways for Israh to engage with others. For example, at the shops, café. Staff must keep a close eye on who Israh interacts with and the way in which she does this</p>	<p>To engage with family, staff and people within the community in a manner that is friendly and not invasive of people's personal space</p>
Outcomes/future goals	Additional information
<p>The ability to understand social distance and personal boundaries when approaching somebody in the street or staff.</p>	<p>New male staff are advised to tell her that they are married or in a relationship</p>

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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>Israh likes to talk about her wedding and her two friends, Kieran and Callum. According to her, Callum is “more than a friend” and sometimes she even “calls” him over the phone when staff is in the car with her. She asks for privacy to speak over the phone.</p>	<p>No special support required, staff talk to her about her wedding and what she would like to wear, but the conversation never goes beyond that.</p>
Strategies to support	Areas for development
<p>Staff engage respectfully in the conversation, especially since she always talks about her wedding as a religious ceremony with a Muslim man.</p>	<p>To engage with new topics of conversation about what she wants in life.</p>
Outcomes/future goals	Additional information




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1.6.5 Sensory Processing





Sensory Area	Impact	Support Strategies
Taste 	n/a	Support to observe as new service
Hearing/Sound 	n/a	Israh requires reassurance and reminding of the day's activities
Visual 	n/a	Israh sometimes communicates visually using sign along or pictures

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<p>Touch</p> 	<p>Israh may require the massaging of her hands from staff</p>	<p>Staff to massage Israh's hands during distress or anxiety to calm her down or keep her calm.</p>
<p>Smell</p> 	<p>Israh has a good sense of smell and knows what she likes/dislikes</p>	<p>Staff should observe Israh's facial expression to understand if she likes or dislikes the smell of something.</p>
<p>Vestibular Balance</p> 	<p>Israh tends to wobble or lean into support staff when walking. Israh may lean back/fall off stairs and escalators. Israh tends to hold hands with staff when walking.</p>	<p>Staff should walk either side of Israh to support her. Staff should also stand behind Israh on the escalator or stairs. When holding hands with Israh, staff need to make sure she is not hurting their wrists by leaning on them.</p>
<p>Proprioception/ Sense of Space</p> 	<p>Israh will enter people's personal space when asking them questions or talking to them. This may be a member of the public and Israh may try to say hi</p>	<p>Israh needs reminded that she is invading someone else's personal space and will need to step back. If</p>

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1.6.7 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 style="text-align: center;"> Shopping Makeup Music Singing Dancing Youtube videos Playing xbox Horses Drawing Reading Fair Rides Trampolining </p>	<p style="text-align: center;"> Walking Physical activities </p>

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1.7 Life Skills at Home and in the Community

Area	Skills and Preferences	Support required (Activity Ref No.)
Bathing/showering/hand washing/ use of toiletries/washing hair/drying/brushing hair	n/a	Israh lives at home and does this with mum. Staff have noticed Israh can use the toilet herself, but staff should go with her as she doesn't lock the cubicle door. Staff may need to prompt Israh to wipe her face with a tissue as she uses her sleeve and wash her hands.
Brushing teeth	n/a	Israh needs to brush her teeth more often and for longer, as requested by the hygienist. This is done at home with mum, but staff should aim to brush at least once when out
Shaving	n/a	Israh does not need support in this are
Feminine Care	n/a	Israh wears underwear that absorbs her period, so she doesn't need to change pads.
Dressing/Undressing	Israh does this independently	Israh requires support to put her jacket and bag on. Staff should also remind Israh to pull up her trousers.

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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	Israh can help with simple preparations of her meals, not with cutting, chopping or boiling food.	Staff verbally prompt Israh how she can help with preparing meals.
Eating / use of cutlery / drinking	Israh does this independently	Israh does not need support in this area
Bed making/ setting tables / cleaning tables General cleaning	n/a	Israh will do this at home with mum. Mum tries to involve Israh as much as possible.
Money skills and waiting in queues	Israh appears to have little or no concept of money	Staff to manage Israh's money and to pay for things for her. Staff should keep all receipts and money in Israh's purse to return home with her
Accessing places to eat	Israh has limited places she likes and is allowed to eat at	Mum tell staff at the start of the day where to go for food (meal deal or KFC) if she hasn't a lunch packed.

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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	Israh shows anxiety in busy places	Avoid busy places if possible If Israh is in a busy place staff should remain either side of Israh when walking and hold her hand or arm to support her.
Using public toilets	Israh prefers a staff member to go with her	Israh often forgets to lock the cubicle door when using the toilet. Staff should hold the toilet door shut for her. And remind her to wash her hands after.
Road safety	Israh shows very little awareness in road safety	Staff should remain either side of Israh and hold her hand or link arms before crossing the road and tell her when the right time is to cross.
Transport and travelling	Israh can use public transport with staff support	Israh needs support to ask for a ticket and pay. Israh may show signs of anxiety during travel, if this happens support Israh by distracting her through singing or dance. Staff should also massage Israh's hands to keep her calm. Israh now has her own car.

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Preferred Routines

Routine: Support

Routine Ref No: 001

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 arrive at stipulated time and Israh get inside her car. Her mum update staff about Israh's mood (if she is in her period or if she had any seizure lately), what is the food plan for the day and medication time. According to this, staff and Israh together decide where to go first. If she needs food, they can all go to get the meal deal, usually at Tesco. Israh picks her meal deal, they pay, and they go back in the car. Then, they drive to see horses or donkeys, to the beach, Portobello promenade, or any place Israh likes. She usually says where she would like to go. Staff tries to motivate her to walk as much as possible and be outside the car as well. Israh prefers to be in the car listening to the music she likes. When medication time is due, she waits for staff to administrate it. She always takes her medication.</p>	<p>Israh usually picks her food, but staff need to make sure she is picking options within her religious beliefs. Staff also makes sure she picks sugar free beverages and fruit and try to reinforce healthy options. At the time to pay, staff do it and show Israh how to do it. Israh eats by herself, staff need to open packages when needed. Also, staff needs to remind her to wipe her face after eating. When choosing the place to go, staff always ask for Israh's preferences and try to give her options (she has a tendency to repeat the places she already visited in the same week) and explain that is always good to go and see new places. She is usually comfortable inside the car, listening to music, but when the car pulls over and is time to get out, Israh needs to be told several times to get out of the car, she doesn't like to walk, not even the shortest walk. When she doesn't want to walk, she states her back hurts. Staff need to reassure her that is just a short walk and that walks are good for her. Israh also can have absence seizures, staff need to take minutes (if the seizure last more than 5-minute should contact 999 and/or on call services) but usually they are short. Israh also has the tendency to fake a seizure to leave a place (mum already explained this to staff).</p>

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