



## Support Plan

<b>Service User:</b>	Dylan Reid	<b>D.O.B:</b>	07/04/01
<b>Service/Area:</b>	HS-DR	<b>Service Commenced:</b>	10/05/19

### 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:

**L**isten – always with interest, concern and action

**I**nspire – through every interaction so people can achieve their ambitions

**K**ind – genuine care and compassion

**E**xcellence – by striving to be the best we can

**I**ntegrity – acting ethically and being accountable

**T**rusting – 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





## **Contents**

<b>Section</b>	
<b>1</b>	<b>Individual's Information/Autism Profile</b>
<b>2</b>	<b>Service Agreement / Future Goals</b>
<b>3</b>	<b>Health Plan</b>
<b>4</b>	<b>Supporting Strategies</b>
<b>5</b>	<b>Recording Section</b>

## **Keys to Life**

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

## **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

<b>Full Name:</b>	Dylan Reid	<b>Preferred Name:</b>	Dylan
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<b>Photograph</b>	<b>D.O.B:</b>	07/04/01
	<b>Home Address:</b>	79 Wyndford Avenue Broxburn West Lothian EH52 6DP

### Important Relationships

<b><u>In Case of Emergency:</u></b>				
Name	Relationship	Address	Telephone	Additional information
Pam Downie	Mother	58 Southhouse Broadway Edinburgh EH17 8AR	07905 902529	Legal Guardian

<b>Family/Friends/Pets</b>				
Name	Relationship	Address	Telephone	Additional information
Linda	Nana	80 Southhouse Broadway Edinburgh		
Maggie	Aunt	2 East Kilngait, Edinburgh, EH17 8UU		Pam's sister, Dylan sometimes visits for dinner.

<b>Individual's Name:</b>	Dylan Reid
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<b>Staff Sign &amp; Date:</b>	Steven McKain 07/08/2020
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### Professional People Involved

Professional	Name	Address	Telephone	E-Mail
Social Worker	Alex Gunn	Westfield House 5 Kirk Loan Edinburgh EH12 7HD	0131 200 4009	Alex.gunn@edinburgh.gov.uk
Occupational Therapist	Johannes Offerdal	NHS Lothian	0131 200 4196	Johannes.offerdal@nhslothian.scot.nhs.uk
SPBT Nurse	Leeanne Chalmers	NHS Lothian	0131 200 4195	Leanne.chalmers@nhslothian.scot.nhs.uk
Psychiatrist	Dr Lindsay Mizen	NHS Lothian		

 Individual's  
Name:

Dylan Reid

 Staff Sign  
& Date:

Steven McKain 07/08/2020

**Key Worker:**

**Key Worker Picture:**

**Senior  
Autism  
Practitioner:**

Staff who regularly support me are					
Steven Cockburn	Katrina McLaughlin	Abdallah Aldaker	Sandy McLaughlin	Peter McDougall	Caroline Taggart
Nikki Dockerty	Douglas McCombie	David Haggarty	Geraldine Short	Carle Wilson	Craig McCann

### 1.2 Health/Diet/Medical Overview

<b>Autism Diagnosis</b>	Yes
<b>Autism &amp; Learning Disability</b>	Learning Disability
<b>Comorbidity</b>	ADHD

<b>General Health</b>	<b>Dietary Information – likes/dislikes - Allergies</b>
Dylan is overweight and was attending a weight management clinic. Dylan has been given clear goals to help him to lose weight. If Dylan gains weight twice or fails to attend three appointments he will be removed from the clinic – Dylan is in the process of being referred to West Lothian Service as he has moved out of the Edinburgh area.	Dylan is following a healthy eating plan. Dylan should be encouraged to have healthy meals each day. Dylan likes to have a takeaway dinner on a Friday evening. Dylan has a varied diet and loves sea food.
<b>Medical Conditions</b>	<b>Where to find additional information on diet plans and mealtime routines</b>
Dylan has ASD, ADHD and a learning disability. Dylan also has asthma which is managed with inhalers.	Staff will complete a meal tracker each day to ensure Dylan has a healthy, balanced diet. The meal trackers are in the staff room, and should be sent to management at the start of each week for review

**Individual's Name:** Dylan Reid

**Staff Sign & Date:** Steven McKain 07/08/2020

### Cultural and Religious Requirements

Individual's understanding of religious requirements	Staff support that is required
Dylan is aware of religious and cultural differences but is not religious. Dylan can sometimes speak inappropriately about different religions.	Staff should support Dylan to speak in an appropriate manner.

### Sexuality

Individual's understanding of their sexuality	Strategies to support in this area
Dylan understands that he is a male. Dylan has previously referred to having both girlfriends and boyfriends but has little concept of appropriate relationships. Dylan tends to masturbate as he is an adolescent teen. In the past, Dylan has been known to do this in front of staff and should be encouraged to do it in private.	When Dylan is using inappropriate sexualised language or gestures, staff should try to redirect him and encourage him to use appropriate language. Dylan should be encouraged to masturbate in the privacy of his bedroom/bathroom.

<b>Individual's Name:</b>	Dylan Reid
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<b>Staff Sign &amp; Date:</b>	Steven McKain 07/08/2020
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### 1.4 Outcomes

Brief Description of the service	
<p>Dylan will have a housing support service which will be staffed 2:1 24/7. Dylan will have a structured plan of what activities he would like to take part in. Dylan has stated that he would like to attend college, and this is something we will look to facilitate.</p>	
Individual's contribution to support plan in detail:	
<p>Dylan has contributed to his support plan by giving his views on what he would like for his future. Dylan has been clear about what he wants from his staff and how he should be supported. Dylan will be involved in setting goals and objectives in the future.</p>	
Individual's understanding of his/her service	Individual's representative understanding of his/her service
<p>Dylan is aware that he always needs staff with him as he has autism. Dylan has stated that he would like it if he did not need two members of staff but understands that at present this is necessary.</p>	<p>Pam (Dylan's mum) is fully aware of the needs of Dylan's service. Pam has discussed her expectations of the service.</p>

Individual's  
Name:

Dylan Reid

Staff Sign  
& Date:

Steven McKain 07/08/2020

### 1.5 Participation

How does the individual participate in life decisions?	Areas where additional support is required
Dylan is not involved in making major life decisions; however, he has stated that he would like to attend college.	Dylan needs full support in decision making. Dylan likes staff to respect his wishes but sometimes requires guidance to make the right choices.
Who may Participate on the Individual's behalf?	Strategies to assist the individual to participate
Pam Downie (Dylan's mum) is his welfare guardian. Dylan's staff team can participate on his behalf.	Dylan needs very simple language to be used, only one person speaking at a time and he needs processing time. Dylan finds too much information overwhelming. Tools such as talking mats can be useful in helping Dylan to express what he wants.
Tools that assist participation	Where are these tools found?
Dylan can use talking mats to make decisions.	Staff room
Evidence of this can be found	Additional Information
	Dylan's receptive language is that of a 4-year-old. Staff should check he understands by asking him to say things back and rephrase if necessary.

Individual's  
Name:

Dylan Reid

Staff Sign  
& Date:

Steven McKain 07/08/2020

## Autism Profiling

### Flexibility of Thought and Imagination

#### Strengths

Good sense of humour

Dylan has an active imagination and likes to recount stories

#### Challenges

Dylan recounts things which he would like to be true but are fictitious

#### Likes

Swimming

DVDs

Action figures

Banter

#### Dislikes

Too many people

People talking about him when he is there

### Thinking Styles

#### Strengths

Dylan will tell staff if he does not understand what they are saying to him.

#### Challenges

Dylan needs time to process information and this usually means he will need some space on his own to give him time to think.

#### Skills

Dylan can be very considerate and polite.

#### Health

ASD/ADHD

Asthma

Weight management programme

### Sensory

#### Strengths

Dylan benefits from negative proprioception, he finds deep pressure soothing. Activities such as walking, dancing or trampolining will be of benefit to Dylan.

#### Challenges

Dylan does not like loud noises such as washing machine, doorbell etc

#### Personality

Dylan is a happy, bubbly man. Dylan is sociable and likes being around other people – although his conversation can be inappropriate at times.

### Social Communication

#### Strengths

Dylan loves engaging in conversation and likes to be spoken to as an adult.

#### Challenges

Dylan has a low-level receptive language so can misunderstand what is being said. This makes Dylan think he is being spoken down to.

### Social Interaction

#### Strengths

Well mannered – especially towards women

Can say when he needs space to chill out

#### Challenges

Appears to have a greater understanding of language/conversations than he does – this can lead to anxiety when he does not understand.



### 1.6.2 Communication

Method of communication	Strategies to support
Dylan communicates verbally and can communicate his needs well. Dylan can say when he needs space or when he is feeling anxious. Dylan has a low functioning receptive language (approx. age 4) so finds it difficult to understand sometimes.	Staff need to check regularly whether Dylan has understood what has been said. Staff can ask if he has understood or say to Dylan to tell them what has been said. Dylan needs time to process information.
Tools that staff can use to support communication	Where these tools can be found
Dylan can use talking mats or board maker symbols to help him to make decisions.	Talking mat symbols are available from the office.
Outcomes/future goals	Additional information
Dylan wants to be involved in decisions about his future and staff should find ways to facilitate this so Dylan can be involved.	

Individual's  
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& Date:

Steven McKain 07/08/2020

### 1.6.3 Interaction with Others

Interaction with others	Areas where support is required
<p>Dylan likes to chat to staff but he prefers only one person to speak at a time otherwise he finds it overwhelming. Dylan sometimes chooses who he wants to speak to and will ask them to speak to him alone.</p>	<p>If Dylan is having difficulty understanding what is being said he may look to other member of staff to help clarify what is being said.</p>
Strategies to support	Areas for development
<p>Allow Dylan to speak to one member of staff with the other person speaking where appropriate. Staff should be aware of not overloading Dylan as this confuses him and increases his anxiety.</p>	<p>Dylan chooses who he wants to speak to and can sometimes ask one member of staff to sit with him and tries to exclude the other person, staff should try to discourage this where possible.</p>
Outcomes/future goals	Additional information

Individual's  
Name:

Dylan Reid

Staff Sign  
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Steven McKain 07/08/2020

### 1.6.4 Imagination and Flexibility of Thought

Areas where flexibility and imagination are displayed	Areas where support is required
Dylan has an active imagination and will have conversations with Floppy Ears, Dylan will tell staff what she is saying and expect staff to interact with her.	Dylan needs encouragement to maintain boundaries between fantasy and reality.
Strategies to support	Areas for development
Dylan should be reminded that what he watches on TV and films is not real, it is actors telling a story for entertainment.	Staff should encourage Dylan to separate between what is real life and what is not. Dylan should not be directly told things are not real but should be encouraged to say it for himself.
Outcomes/future goals	Additional information
Dylan will have more positive interactions with staff and peers if he can make the distinction between fantasy and reality.	




Individual's  
Name:

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Staff Sign  
& Date:

Steven McKain 07/08/2020

### 1.6.5 Sensory Processing

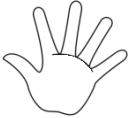



Sensory Area	Impact	Support Strategies
<b>Taste</b> 	Dylan does not seem to have any sensory issues with taste, Dylan has a varied diet and has not identified any foods that he does not like.	Dylan should be encouraged to try new foods as well as different recipes
<b>Hearing/Sound</b> 	Dylan does not like some loud noises such as the washing machine, doorbell/buzzer. Dylan becomes agitated by these noises.	Use washing machine when Dylan is calm or listening to his music. Staff should tell him they are going to put it on and should use a short cycle to minimise the noise.
<b>Visual</b> 	No issues identified.	None required

 Individual's  
Name:

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 Staff Sign  
& Date:

Steven McKain 07/08/2020

<b>Touch</b> 	<p>Dylan is quite tactile and likes to ask staff for hugs. Alternatively, he will ask for a 'fist bump' Dylan sees this as reaffirming what he has said. Dylan will hit himself over the head with Floppy's ear.</p>	<p>Dylan will seek hugs from staff usually when they arrive for a shift or are leaving. When chatting to staff Dylan will frequently 'fist bump' to seek agreement for what he has said. Floppy 'hitting' Dylan over the head gives him deep pressure which appears to soothe him.</p>
<b>Smell</b> 	<p>No issues identified</p>	<p>None required</p>
<b>Vestibular Balance</b> 	<p>No issues identified</p>	<p>None required</p>
<b>Proprioception/ Sense of Space</b> 	<p>Dylan requires deep pressure activities to help him regulate his proprioception.</p>	<p>Dylan should be encouraged to take part in activities such as walking, dancing and trampolining.</p>

Individual's  
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Steven McKain 07/08/2020

### 1.6.6 Likes and Dislikes

<b><u>Activities/Things - Likes</u></b> (level of ability and supervision / motivation/support required)	<b><u>Activities/Things - Dislikes</u></b> (Additional Support that is required from staff)
<ul style="list-style-type: none"> <li>• Music – Dylan likes chilling with his headphones on listening to music.</li> <li>• Chatting to staff – Dylan enjoys chatting to staff and likes staff to take the time to do this. This can be informal or as part of planning his day.</li> <li>• Swimming – Dylan likes going swimming and should be encouraged to go swimming if he mentions he wants to.</li> <li>• DVDs – Dylan likes watching DVDs he also enjoys talking about his favourite films with staff.</li> <li>• XBOX one – Dylan enjoys playing his Xbox and plays with staff on a Sunday evening.</li> </ul>	<ul style="list-style-type: none"> <li>• Being told no – Dylan becomes very anxious if he is directly told not to do or say something. Staff should try to avoid this and should rephrase sentences.</li> <li>• Staff – Dylan does not like the word staff or colleague he refers to his carers.</li> </ul>

Individual's  
Name:

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Steven McKain 07/08/2020

### 1.7 Life Skills at Home and in the Community

Area	Skills and Preferences	Support required (Activity Ref No.)
<b>Bathing/showering/hand washing/ use of toiletries/washing hair/drying/brushing hair</b>	Dylan prefers a bath to a shower, however his bath is too small for him.	Dylan can do this independently, but staff should periodically ask if he is ok. Staff should record water temperatures daily and log them. Encourage Dylan to check the water before he gets in. Staff should encourage Dylan to have a bath every day. Staff should check the bathroom after his shower/bath, and mop up any water that has spilled on the floor.
<b>Brushing teeth</b>	Dylan brushes his teeth twice a day as part of his daily routine.	Staff should ask Dylan if he has brushed his teeth after breakfast and after his 8pm medication.
<b>Shaving</b>	Dylan will ask staff to shave him. Dylan likes to have a hot shave at the barbers when he has his haircut.	Staff should shave Dylan if he asks or support him to go to the barber for a hot shave.
<b>Feminine Care</b>	N/A	N/A

Individual's  
Name:

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Staff Sign  
& Date:

Steven McKain 07/08/2020

<b>Dressing/Undressing</b>	Dylan can do this independently.	Staff may need to prompt Dylan to change into clean clothes.
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**Individual's  
Name:**

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**Staff Sign  
& Date:**

Steven McKain 07/08/2020

### 1.7 Life Skills at Home and in the Community

Area	Skills and Preferences	Support required (Activity Ref No.)
<b>Food preparation / cooking</b>	Dylan can help with food prep however this generally causes anxiety.	Staff should ask Dylan if he would like to help with food prep but not push too much if he is reluctant. (This is an activity that can be built up over time to increase Dylan's skills)
<b>Eating / use of cutlery / drinking</b>	Dylan eats and drinks independently. Dylan eats very fast. He can use cutlery with no issues.	Staff should try to encourage Dylan to eat slower.
<b>Bed making/ setting tables / cleaning tables</b>  <b>General cleaning</b>	Dylan can do all general cleaning tasks but needs a lot of encouragement to get involved.	Staff should do these tasks and try to encourage Dylan to get involved gradually getting Dylan more involved.
<b>Money skills and waiting in queues</b>	Dylan has very little money skills and should not be aware of how much money is in his safe as he will want to spend it all.	Staff should not give Dylan access to the safe or divulge how much money he has as this causes anxiety and he will push to spend all the money.
<b>Accessing places to eat</b>	At present Dylan does not eat out as he becomes highly anxious about food and about what other people are eating, Dylan has physically assaulted his mum on a couple of occasions over food.	Staff can work towards a long-term goal of being able to eat out with family or staff.

Individual's  
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Steven McKain 07/08/2020

### 1.7 Life Skills at Home and in the Community

Area	Skills and Preferences	Support required (Activity Ref No.)
<b>Busy places</b>	Dylan can become anxious in busy places depending on the purpose of being there. Busy places can overwhelm Dylan invoking a fight or flight response which can lead to him absconding.	Staff should follow Dylan's absconding protocol as described in risk assessment 1: Absconding.
<b>Using public toilets</b>	Dylan can use public toilets independently, where possible staff should remain as close as possible to ensure Dylan is behaving appropriately.	One member of staff should accompany Dylan into the building (if male) or should be directly outside.
<b>Road safety</b>	Dylan has very limited road sense and should be verbally prompted by staff to wait until it is safe to cross.	Dylan's road sense decreases as his anxiety increases. Staff should monitor Dylan's anxiety – see behaviour support plan s4.4
<b>Transport and travelling</b>	Dylan can travel by bus or car. When travelling on the bus Dylan likes to sit upstairs and will ask staff to stay downstairs.	One member of staff should travel upstairs with Dylan, they should ask Dylan where he would like them to sit as he does not want them next to him. If the bus is very busy, Dylan may allow staff to sit next to him.

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Steven McKain 07/08/2020

### Preferred Routines

**Routine:** Morning routine

### Preferred Routines

**Routine Ref No:** DR1

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?
<ul style="list-style-type: none"> <li>When Dylan wakes up, he likes to have a chat with the staff who are on shift, this can be brief or last a while depending on Dylan's mood.</li> <li>Dylan has his medication at 8am, he will usually ask for his medication and sometimes asks for it too early               <ul style="list-style-type: none"> <li>After Dylan has had his medication, he has breakfast, Dylan usually has cereal and fruit for breakfast.</li> </ul> </li> <li>Dylan will usually have a bath after his breakfast, he will sometimes say he doesn't want to have one.</li> <li>Dylan generally likes to spend the morning relaxing, sometimes going back to bed for a nap. Otherwise he will listen to music, play his Xbox or chat to staff.</li> </ul>	<ul style="list-style-type: none"> <li>Staff should allow Dylan time to chat, do not try to hurry him or move him on until he is ready to do so.</li> <li>Dylan can have his medication between 7.30-8.30 out with these times Dylan should be told 'it is not time yet...you can have them in—minutes'</li> <li>Dylan should be encouraged to have healthy cereal such as cornflakes, rice krispies, porridge etc.</li> <li>Dylan can prepare his bath independently; staff should check the water temperatures first thing in the morning and remind Dylan to add cold water if it is needed. If Dylan opts out of having a bath in the morning this should be documented so that back shift staff can prompt him to have a bath in the evening.</li> <li>Staff should give Dylan the opportunity to 'chill' in the morning as this allows him to prepare himself for an activity in the afternoon.</li> </ul>

**Individual's Name:**

Dylan Reid

**Staff Sign & Date:**

Steven McKain 07/08/2020

**Preferred Routines****Routine:** i.e. Morning 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?

**Individual's  
Name:**

Dylan Reid

**Staff Sign  
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Steven McKain 07/08/2020