

Name:

Birthday:

Address:

Updated:



| Photo of me |
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| **Pen portrait** |
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| **About me: XXXX family are very important to him/her. He enjoys visits from his XXXXX and brothers, and going for drives with them. XXXXX also enjoys music, and playing with water. . Food is also very important for XXXXX!** |

| **Proactive Support:**  **Getting it right**  **Important things you need to do so that I feel happy and safe** | |
| --- | --- |
| **Baseline Behaviour** |  |
| **How to support me to keep me happy and safe:** | |
| \\slam\directorates\E&T\Photosymbols\lores_images\Home.jpg |  |
| \\slam\directorates\E&T\Photosymbols\lores_images\CommunicationAid.jpg |  |
| \\slam\directorates\E&T\Photosymbols\lores_images\RashidPauline2.jpg |  |
| \\slam\directorates\E&T\Photosymbols\lores_images\ThumbsUp.jpg | **Likes** |
| \\slam\directorates\E&T\Photosymbols\lores_images\Friends6.jpg | **Relationships** |
| \\slam\directorates\E&T\Photosymbols\lores_images\Timetable2.jpg | **Routine and structure** |
|  | **Activities** |
| \\slam\directorates\E&T\Photosymbols\lores_images\Bustravel.jpg | **Travelling** |
|  | **Developing skills- See PBS Skill Plan** |
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| **Active Support:**  **Spotting the early warning signs** | |
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| \\slam\directorates\E&T\Photosymbols\lores_images\Christine5.jpg |  |
|  |  |
| \\slam\directorates\E&T\Photosymbols\lores_images\Confused1.jpg |  |
| \\slam\directorates\E&T\Photosymbols\lores_images\Comfort.jpg |  |

| **Responding to my behaviour**  **Important things you need to do when I am upset and angry** | |
| --- | --- |
| \\slam\directorates\E&T\Photosymbols\lores_images\Angry.jpg | **What** |
| \\slam\directorates\E&T\Photosymbols\lores_images\Confused3.jpg | **Why** |
| \\slam\directorates\E&T\Photosymbols\lores_images\Clock.jpg | **When** |
| \\slam\directorates\E&T\Photosymbols\lores_images\Comfort.jpg | **What we can do to help** |

NB: This may need to be repeated for each behaviour

| **What to do after**  **Important things you need to do after I have been feeling upset and angry** | |
| --- | --- |
| **How should XXXX be supported after an incident to ensure they remain calm and safe** |  |
| **Is debriefing required?**  **What should you do?** |  |
| **Who should be informed and who should do this?** |  |
| **What paperwork needs to be done and by whom?** |  |

| **Restrictions** | |
| --- | --- |
| \\slam\directorates\E&T\Photosymbols\lores_images\Keyhand4.jpg  \\slam\directorates\E&T\Photosymbols\lores_images\Tablets.jpg | **What restrictions am I currently experiencing?** *(Information from DOLS agreement)* |
|  | **What is being done to reduce these?**  Behaviour support plan has been developed and is in place.  Plans for training for the staff team, to help improve XXXX quality of life. |
|  | **Has the service needed to apply for DoLS and who has been involved in best interest decision making?  DOLS is in place – due for renewal in:** |

| **Summary of behaviour change and response** (keep this on one page only)  **For the following sections, summarise the key points written in the corresponding sections above.** | | |
| --- | --- | --- |
| \\slam\directorates\E&T\Photosymbols\lores_images\GreenLight.jpg | **Observation**  **What is seen and heard** | **Response**  **Supportive action** |
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| Return to baseline – see above |  |

| **Evaluation and Review** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Review no:** | | Completed by: | | | | Date: | |
| Increase in community activities | | | | YES | NO | Details here: | |
| Increase in participation of activities at home | | | | YES | NO | Details here: | |
| Increase in staff-initiated interactions | | | | YES | NO | Details here: | |
| Increase in service user-initiated interactions | | | | YES | NO | Details here: | |
| Have you noticed any improvement in relationships with others | | | | YES | NO | Details here: | |
| Has there been progress with the skill development programme? | | | | YES | NO | Details here: | |
| Number of incidents since last review | | | |  | | | |
| Number incidents requiring physical intervention | | | |  | | | |
| Number of times PRN used since last review | | | |  | | | |
| Has frequency of behaviours decreased? | | | | YES | NO | | Details here: |
| Has severity of behaviours decreased? | | | | YES | NO | | Details here: |
| Has duration of behaviours decreased? | | | | YES | NO | | Details here: |
| Is there a full record of each incident and interventions used | | | | YES | NO | | Details here: |
| Were interventions used effective | | | |  |  | |  |
| Have there been any changes in behaviours? | | | |  |  | |  |
| Have all reasonable measure been put in place to safeguard the well-being of the person and other people? | | | |  |  | |  |
| Following completion of this review is there a need to refer to other specialist or mainstream services? | | | | | | | |
| Are changes to this plan or the risk management plan needed? If YES, please state: | | | YES | | NO | | Details here: |
| Responsible Person: |  | | | | | | Date: |

**PBS Skill Plan**

| The skill I want to develop is:  **What new skill would \_\_\_ like to develop next? – Explore SMART goals.** |
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Activity plan - all activities can be broken down into smaller steps. This is exactly how I am going to do it.

| Step I do by myself | Step I do with support. What type of support is required? | Step I need staff to do |
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| **How will my progress be monitored?** | **Does \_\_\_ have a monitoring chart that can be completed each time they do the activity? Update this skill plan following reviews if less support required.** | |