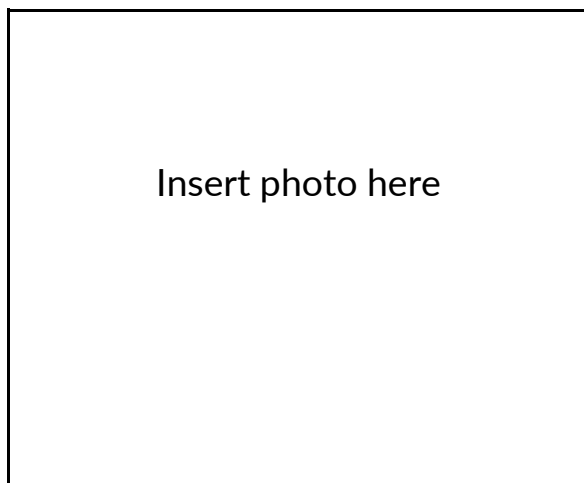


Positive Behaviour Assessment and Support Plan



Part 1: Participant Profile



Participant Name	XXXX XXXX
Participant DOB	
Participant Age	41
Plan Developed by	Emma Yeark
Date of Plan	30/03/2021
Plan Review Date	30/09/2021
Client's Contact Details	Address: Phone: 02
Indigenous Status	Non-Indigenous
Country of Birth	Australia
CALD Status	Australian
Person Responsible	XXXX XXXX - Father

Purpose Scope and Limitations	The purpose of this behaviour support plan is to document strategies to decrease the likelihood of the above named client engaging in the identified behaviours of concern. This plan considers the setting events (which are situations, activities or internal states that may increase or decrease the likelihood of the occurrence of the challenging behaviour). It will also identify the triggers and functions of the behaviour. Triggers are those stimuli that may directly
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	<p>precipitate or cause an incident or presentation of a behaviour of concern. Through understanding the setting events and triggers, the plan will recommend proactive and preventative strategies to aid the individual and their care support team in providing support that may reduce the occurrence of challenging behaviours. These strategies should be used by all to support the above mentioned client to ensure consistency and to maximise the effectiveness of the strategies. This plan will also recommend reactive strategies to aid the individual and their support team in responding to presentations of behaviours of concern in a safe, least intrusive manner to minimise any risk of harm to the individual or those around them. This document has been developed in accordance with guidelines as set out by the NDIS Quality and Safeguards Commission, legislative requirements, as well as professional and ethical frameworks</p>
<p>Sources of Information</p>	<p>Direct Client Observation:</p> <ul style="list-style-type: none"> • In XXXX's home 17/08/2020 & 09/12/2020 • At XXXX's Day Program Centre (Sunnyfield – Maitland) 13/11/2020 • In the community (lunch at local establishments) 20/11/2020 & 11/12/2020 • In the community (swimming at local community pool) 04/02/2021 <p>Interviewing with Key Stakeholders:</p> <ul style="list-style-type: none"> • Interviewing with XXXX XXXX (father) 17/08/2020 & 09/12/2020 • Interviewing with Sunnyfield Key Support Staff (13/11/2020) • Interviewing with Rose's Place key support worker (04/02/2021) • Correspondence with Rose's Place director via email • Correspondence with XXXX's Occupational Therapist via email <p>Documentation Review:</p> <ul style="list-style-type: none"> • Occupational Therapy Assessment Report and Recommendations (28/01/2020)
<p>Reason for Referral</p>	<p>XXXX XXXX was referred to Create a Sense of Place by her Support Coordinator Debby Dickson (Sunnyfield). XXXX was initially referred for Behavioural Assessment and the development of a Behavioural Support Plan. Her Support Coordinator stated: <i>"the main behavioural issues are her phobias around large buildings, shopping centres etc. She will</i></p>

Positive Behaviour Assessment and Support Plan



	<i>drop to the ground and even put her feet out to prevent being pushed in a wheelchair”.</i>
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Strengths	<p>Throughout the assessment process, it was determined that XXXX has a variety of strengths and skills.</p> <ul style="list-style-type: none"> -Whilst XXXX is reported to be ‘non-verbal’, she has developed her own communication patterns and is able to express her emotions and needs in her own way. -XXXX will try most activities whilst at her Day Programs centre and finds enjoyment in new activities (especially craft or feminine activities such as nail painting). -XXXX is a friendly and happy peer and will often laugh along with her peers at her day programs centre.
Activities of Enjoyment	<ul style="list-style-type: none"> -Painting nails and having her nails painted -Playing with dolls (particularly their hair) -Engaging in arts and crafts with others -Observing her peers at Day Programs -Swimming -Going for lunch (Chicken Snitzel, chips and gravy) -Watching television (ABC kids)
Current immediate needs	<p>Throughout the assessment process; observation, and interviewing methods determined that the following are amongst that which XXXX requires to maintain a healthy and safe lifestyle:</p> <ul style="list-style-type: none"> -Support and assistance in all aspects of daily care and living (personal hygiene, dressing, meal preparation, household domestic tasks, transport, appointment coordination and attendance, social interaction and access) -Dietician input and assistance -Regular Speech Therapy input -Assistance with communication needs -Occupational Therapy input -Physical health assessment and determination for sources of pain -Physiotherapy assessment and input for hip and leg pain <p>It is also important for XXXX’s support workers to ensure that the following is provided and allowed to her on a daily basis:</p> <ul style="list-style-type: none"> -Active listening -Patience -Medical follow up with regards to her physical health -Access to activities of enjoyment and support to engage in these -Physical support and Assistance with mobilising

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<p>Background Information</p>	<p>XXXX is a 41 year old woman who has been diagnosed with Down Syndrome.</p> <p>XXXX lives with her father XXXX (whom has his own health issues) in a house owned by her brother XXXX whom she sees regularly. XXXX's father is her primary caregiver and is responsible for managing XXXX's finances and making decisions regarding her day to day life (accommodation, health, food, clothing, services etc.) Up until 2018, XXXX had lived with both her mother and father all of her life. XXXX's mother passed away in 2018 and since that time, XXXX has lived with her father only.</p> <p>XXXX has diabetes and requires insulin injections twice daily. These are administered by her father.</p> <p>XXXX has no reported ongoing illness and her father reports that she eats a balanced, varied diet. XXXX does not smoke cigarettes nor does she drink alcohol or use illicit drugs.</p> <p>XXXX is reported to sleep through the night averaging approximately 8 hours of sleep each night.</p> <p>XXXX attends a Day Programs Centre in Maitland (Sunnyfield) 4 days per week and receives 1:1 support for Community Access one day per week (Thursdays).</p> <p>XXXX also receives personal care and domestic assistance for 2 hours in the morning 6 days per week.</p>
<p>Communication Abilities and patterns</p>	<p>XXXX is reported to be "non-verbal".</p> <p>XXXX can only speak one word phrases and can make basic hand signs and gestures to indicate what she may want or need.</p> <p>XXXX has not had any formalised Speech or language assessments and would benefit greatly from this assessment.</p>
<p>My Support Network (formal and informal)</p>	<p>Formal:</p> <ul style="list-style-type: none"> -Sunnyfield (Day Programs / Social Groups) -Sunnyfield (Support Coordination) -Rose's Place (Domestic Assistance / 1:1 Support) <p>Informal:</p> <ul style="list-style-type: none"> -Father (XXXX XXXX) -Brother (XXXX)

Positive Behaviour Assessment and Support Plan



Part 2: Behaviour Assessment

<p>Challenging Behaviour 1: Refusal to enter establishments or certain areas.</p>	<p>Description XXXX is reported to refuse to enter large buildings, shopping centres, elevators, stair cases, hospitals, doctors surgeries, pubs and clubs. XXXX will stop walking, sit down and shake her head. XXXX will not be able to be directed to stand up or enter the area.</p> <p>Frequency / Duration This behaviour is reported to occur each time XXXX is requested or supported to attend large shopping centres or particular local establishments. XXXX reports that this behaviour has been occurring since XXXX's mother passed away in 2018.</p> <p>Intensity This behaviour is impacting on XXXX's quality of life. XXXX is unable to fully engage and participate in her community settings. This behaviour is also impacting on her father XXXX as he has reported that it is impossible for him to be able to undertake daily living tasks in the community (shopping, attend appointments etc) without this display of behaviour from XXXX. XXXX has also reported an impact on his physical health due to the strain of his reported physical intervention (lifting XXXX).</p> <p>Setting Events Large, crowded enclosed environments. XXXX's physical pain in her hip and leg could also be contributing to this behaviour.</p> <p>Triggers <i>Specific Locations XXXX is most likely to display this behaviour:</i> -Cessnock Bowling Club -Hospitals -Dr Surgery -Best and Less (Maitland) <i>Specific persons XXXX is most likely to display this behaviour with:</i> -Father XXXX <i>Specific Times of Day XXXX more likely to engage in this behaviour:</i> -No specific time <i>Specific Activities or Events most likely to lead to behaviour:</i> -Attending the local pub / club -Extended periods of walking / exercise -Having to attend the doctors or hospital for a</p>
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	<p>medical reason</p> <p>Low Risk Scenario XXXX is less likely to display these behaviours when attending the community in a group setting (with her day programs social group).</p> <p>High Risk Scenario XXXX is more likely to display these behaviours when entering a pub / club. XXXX is more likely to display these behaviours when attending day to day errands with her father XXXX.</p> <p>Functions of Behaviour XXXX is reported to have 'phobias' related to certain public environments and places. IT is believed that XXXX is engaging in these behaviours as a means to 'escape' and 'avoid' environments and places where she feels fear.</p>
<p>Challenging Behaviour 2: Refusal to mobilise.</p>	<p>Description Sitting down wherever XXXX is at the moment in time and refusing to get up/move/walk.</p> <p>Frequency / Duration This behaviour occurs each time XXXX is required to walk for time periods of longer than 5 minutes or for disatances greater than approximately 30 metres. This behaviour also occurs each time that XXXX is sitting down for longer than 30 minutes (she will get to her feet, take a few steps and have to stop and sit again). This behaviour is reported to have been occurring for between 6 and 12 months.</p> <p>Intensity This behaviour is impacting on XXXX's quality of life. XXXX is unable to fully engage and participate in her community settings. This behaviour is also impacting on her father XXXX as he has reported that it is impossible for him to be able to undertake daily living tasks in the community (shopping, attend appointments etc) without this disaply of behaviour from XXXX. XXXX has also reported an impact on his physical health due to the strain of his reported physical intervention (lifting XXXX).</p> <p>Setting Events It is observed, reported and hypothesised that physical pain</p>

Positive Behaviour Assessment and Support Plan



	<p>is a setting event for this behaviour.</p> <p>Triggers Lengthy walking or sitting – any environment, time of day or person.</p> <p>Low Risk Scenario When XXXX only has to walk short periods and is supported by two people or a physical device that she can lean on (e.g. shopping trolley).</p> <p>High Risk Scenario When XXXX is required to walk longer distances and is unsupported (by person or device).</p> <p>Functions of Behaviour IT is believed that XXXX is experiencing significant pain in her legs and hips and this is causing her difficulty walking or mobilising for extended periods of time.</p>
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Positive Behaviour Assessment and Support Plan

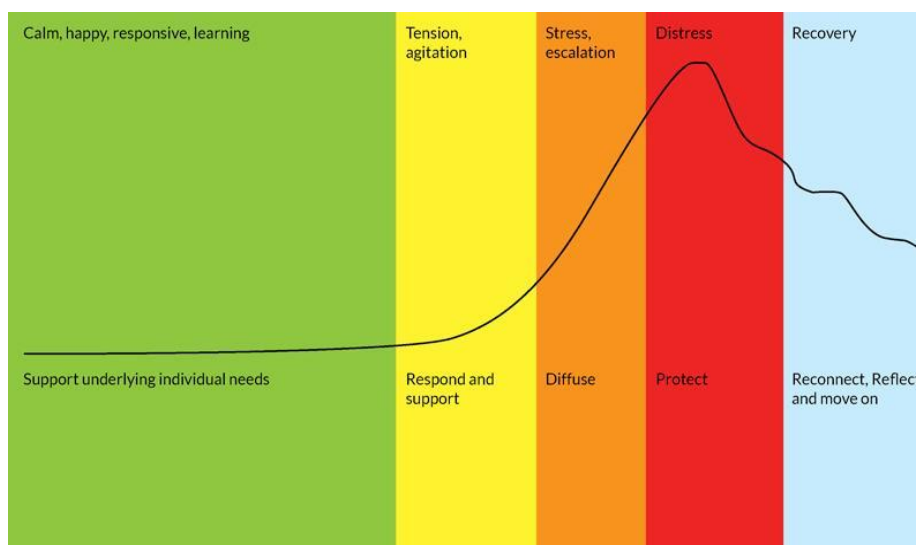


Part 3: Behaviour Support Strategies

Reactive Strategies / De-Escalation Cycle

The Stress Cycle:

Please look below at the Stress Cycle. You can help me to stay in the green zone by ensuring that I can communicate my needs, and have my needs met.



ZONE	Looks Like:	Strategies:
Green Zone	<ul style="list-style-type: none"> -Engaged in activity -Smiling -Laughing -Nodding -Saying "yes" -Walking at a steady pace with assistance 	<ul style="list-style-type: none"> -Positive verbal acknowledgement and encouragement. -Praise for interactions or engagement with group activities or outings.
Yellow Zone	<ul style="list-style-type: none"> -Becoming quiet and more withdrawn (may cease any laughing) -Slower pace -No longer smiling -May start to grab at her leg or hip 	<ul style="list-style-type: none"> -Continue positive verbal encouragement and praise. -Speak to XXXX about where you are going and reassure her that she has support. -Offer to hold XXXX's hand whilst walking -Ask XXXX to identify what is wrong and if she indicates anything listen and observe -Ask XXXX if she would like to take a short rest and specify a time for this (i.e. 5 minute break) -Assist XXXX to find a safe and comfortable place to sit

Positive Behaviour Assessment and Support Plan



<p>Orange Zone</p>	<ul style="list-style-type: none"> -Shaking of her head -May verbalise “no” -Holding hip or leg with one hand -Grimacing -Cease walking and stand stationary 	<ul style="list-style-type: none"> -Continue positive verbal encouragement and praise. -Ask XXXX to identify what is wrong and if she indicates anything listen and observe -Continue to speak to XXXX in a reassuring manner and provide her ongoing information and dialogue about where she is walking and what she has to look forward to -Ask XXXX if she would like to take a short rest and specify a time for this (i.e. 5 minute break) -Assist XXXX to find a safe and comfortable place to sit -After the specified time period advise XXXX that it is time to keep moving and hold her hand and prompt her to stand.
<p>Red Zone</p>	<ul style="list-style-type: none"> -Crying -Shaking head -Will sit down (on chair or ground) wherever she is stopped -Eyes looking down -Quiet and withdrawn -Will shake her head at any requests to move 	<ul style="list-style-type: none"> -Assist XXXX to find a safe and comfortable place to sit -Provide verbal reassurance to XXXX -Attempt to determine what is causing XXXX’s distress -Do not leave XXXX alone -Do not attempt to physically lift XXXX -Ensure co-regulation techniques are practiced with grounding and deep breathing practices prompted and role modelled. -Allow XXXX to hold your hand and sit with her until she has calmed -Ask XXXX if she would like to return to the vehicle, centre, home etc. -Do not force or attempt to force XXXX to mobilise
<p>Blue Zone</p>	<ul style="list-style-type: none"> -Will stand up (with assistance) -May smile -Will look at person offering assistance (instead of downcast eyes) -May nod or say “yes” to requests -Will walk slowly with support. 	<ul style="list-style-type: none"> -Praise XXXX and use words of encouragement (“great work Angie”, “you can do it Angie” etc) -Provide your hand for XXXX to hold for support and reassurance

Positive Behaviour Assessment and Support Plan



Create

A Sense of Place

		<ul style="list-style-type: none">-Make note of the physical location and environment that XXXX was in at time of distress-Fill out incident report and log data for review by clinical team
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Proactive Strategies

<p>Environmental / Physical Strategies</p>	<p><i>Comprehensive Physical Health Check</i> It is recommended that XXXX attend her local GP for a comprehensive physical health check-up. The assessment process determined that XXXX is likely to be suffering from pain in her hip and/or legs when walking or sitting for long periods. It is recommended that XXXX have this checked as soon as possible prior to the implementation of any other strategies.</p> <p><i>Physiotherapy Engagement</i> It is recommended that following her medical review, XXXX be referred for physiotherapy assessment and program development to assist her with her mobilisation. Physiotherapy will assist XXXX with her walking ability and could also assist with pain management.</p> <p><i>Occupational Therapy and Assistive Technology</i> It is strongly recommended that XXXX be engaged with an Occupational Therapist for the prescription of assistive technology (walking aids) as well as for capacity and skills building in and around the home. The assessment process determined that XXXX would likely benefit from the assistance of a walking aid for use when accessing the community and walking distances. This would allow for a safer, more independent option for XXXX.</p> <p><i>Location and Environmental Desensitization</i> The assessment process determined that XXXX may have particular fears and concerns when accessing certain environments in her local community. XXXX showed particular resistance when asked to access Maitland Best and Less as well as Cessnock Bowling Club. XXXX was also observed to show levels of fear and resistance to the indoor swimming area at Maitland Pool. It is recommended that XXXX be guided through a slow desensitization process when accessing new environments. Training in this process will occur as part of the Behaviour Support Plan Implementation process, however, it is also briefly outlined below: -After determining an environment XXXX is uncomfortable accessing or refuses to attend, DO NOT force her to attend or push the issue. Leave the initial environment and access another area or activity. -During a period of 1:1 support, when XXXX is observed to be in a baseline (calm and happy) state, advise XXXX that you will be attending the environment briefly. -Work slowly on introducing XXXX to the environment. The pace of this will be determined by XXXX's reactions. This may be as follows; 1. Driving past the location / environment 2. Parking at the location and sitting in the car for a small amount of time 3. Getting out of the car and going for a short walk nearby the</p>
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Positive Behaviour Assessment and Support Plan



	<p>location</p> <ol style="list-style-type: none"> 4. Attending the front of the location 5. Entering the location and then leaving straight away 6. Attending the location for a short amount of time 7. Attending the location and being able to stay and XXXX be comfortable in this environment. <p>It is important that this process is completed at XXXX's pace. If at any time XXXX shows any signs of distress or concern, assist her to leave the environment and return to the step previously next time. DO NOT force XXXX to stay or this will jeopardise the progress made through desensitisation. This process is best used in conjunction with positive reinforcement and motivational reinforcers (see below for further detail and strategy).</p>
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<p>Skill Building</p>	<p><i>Speech Therapy</i> Whilst XXXX has her own way of communicating, it would be of great benefit to her to be accessing regular Speech Therapy. XXXX has the right to be able to communicate her wishes, needs, desires, likes and dislikes and the right to be understood when she is communicating. Speech Therapy will not only assist XXXX to build her capacity in communication, it will also enable XXXX's supports to be able to understand her pattern of communication better. XXXX would also benefit greatly from the trial and implementation of an assistive communication device (such as Pro Lo Quo 2 Go). By being able to communicate more effectively, XXXX's behaviours of concern may reduce as her support network will be able to identify XXXX's concerns more effectively and assist to address these in a timely manner.</p> <p><i>Physiotherapy</i> As mentioned above, XXXX would benefit from the input of a physiotherapist. As outlined above, this may assist with possible pain management. In addition to this, XXXX would also benefit from the development of an exercise program and routine as guided by her physiotherapist for healthy weight loss.</p>
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<p>Mindfulness / Co-regulation</p>	<p>When in periods of escalation and/or distress for XXXX, it is important that those around her remain calm. By remaining calm and modelling regulation, XXXX can be assisted to calm down through co-regulation.</p> <p>When XXXX is escalated, distressed or displaying behaviours of concern, always remain calm and collected.</p> <p>Practice Deep breathing with XXXX and encourage her to do this with you.</p>
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Positive Behaviour Assessment and Support Plan



<p>Reinforcement / Motivational</p>	<p>Positive reinforcement and the use of motivators for XXXX can be used in conjunction with desensitisation.</p> <p>This can occur with the arranging of a particular activity of enjoyment to occur directly before, during and after exposure to an undesired and 'feared' environment or place.</p> <p>This would need to be a planned approach and slow, deliberate steps would be required.</p> <ol style="list-style-type: none"> 1) XXXX to participate in an activity of enjoyment directly after being exposed to the undesirable environment 2) XXXX to participate in an activity of choice nearby the environment 3) XXXX to participate in an activity of choice whilst in the undesired environment <p>Such activities that could be utilised as reinforcers are as follows:</p> <ul style="list-style-type: none"> -Nail painting -Feminine routines (such as facials etc.) -Playing with dolls (hair) -Watching television (portable DVD player) -Eating preferred lunch of choice (chicken schnitzel chips gravy) -Craft activities -Taking photos / looking at photos
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<p>Further Recommendations</p>	<p>Following the Implementation Process and thorough staff and stakeholder training in the Positive Behaviour Support Strategies, it is recommended that data continue to be collected by XXXX's formal and informal support network surrounding XXXX's presenting behaviours of concern. This will allow for evaluation of the current strategies and determination of suitability and relevance of strategies as outlined above.</p> <p>It is strongly recommended that Supported Independent Living options be explored for XXXX. As identified within the assessment process as well as through XXXX's Occupational Therapy Assessment and report, it is evident that XXXX's father is struggling to be able to provide care for XXXX on an ongoing basis. XXXX's father has reported his own health issues and has noted the high level of strain that caring for XXXX has placed on him. XXXX's reported behaviours of concern also appear to be exacerbated and elevated with higher frequency when with her father XXXX.</p> <p>As above mentioned, it is strongly recommended that XXXX receive a physical examination from her medical team (GP) to determine possible sources of pain or discomfort prior to any of the above mentioned programming or strategies being implemented.</p>
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Positive Behaviour Assessment and Support Plan



Part 4: Planning Cycle

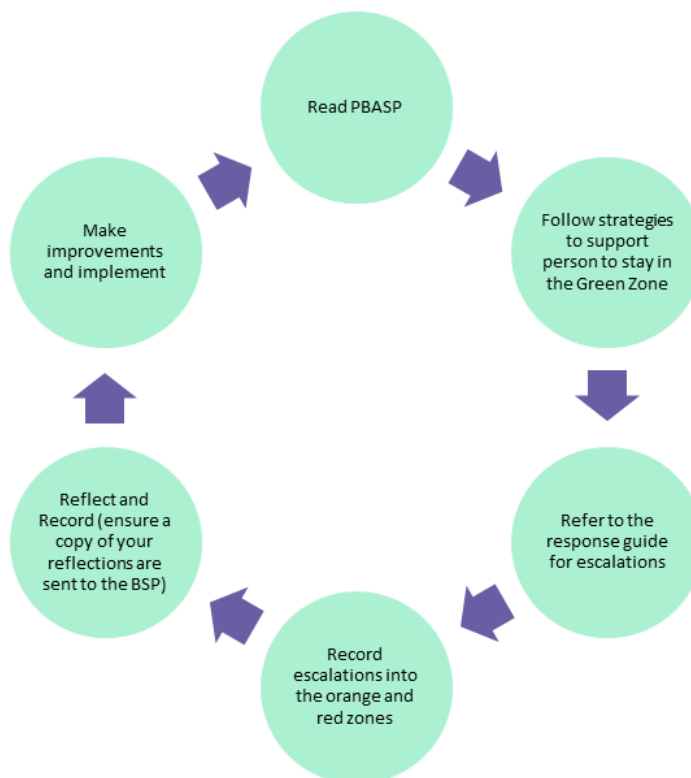
Plan Implementation

Who is responsible for implementing this plan?	It is extremely important that all members of XXXX's support team consistently implement this Behaviour Support Plan. It will be highly beneficial for XXXX's father, key Workers and Service Team Leaders to oversee the implementation of the plan, ensure data collection continues and engage in liaison with the practitioner to ensure that feedback and review of the plan can be obtained and evaluation of effectiveness of the strategies outlined can occur.
Training and Support for Implementation Process	Training in this Behaviour Support Plan will be offered and provided by the practitioner to XXXX's Support Workers (at both Sunnyfield as well as Rose's Place), her support team leaders (at both services) and her informal support network (her father and brother). Further recommendations for ongoing education and understanding Positive Behaviour Support, Active Listening, Mindfulness and Grounding will also be provided. This plan will also be provided to XXXX and her person responsible (XXXX XXXX) with time spent explaining strategies and answering any questions that may arise

Positive Behaviour Assessment and Support Plan



Where to from here?



Plan Review

Date of Review	30/09/2021
How it will be Reviewed	Data Collection and Analysis BIP Scoring Rubric Interviewing with key stakeholders and supports
Who will be involved?	XXXX XXXX (Father) Sunnyfield-Maitland (Day Programs key support workers and Team Leader) Rose's Place (Key support workers and Team Leader/Manager)

Positive Behaviour Assessment and Support Plan



Create  A Sense of Place