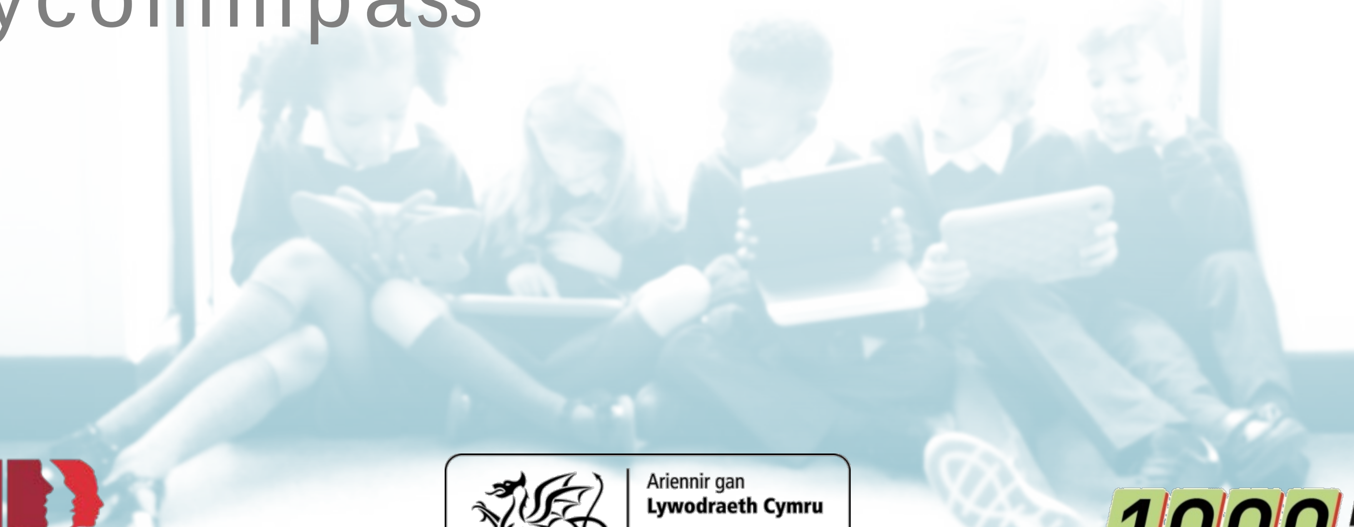
Believe in every child

The Importance of a Communication Passport

Kate Sanger

Mycommpass



Learning Disability Wales
Anabledd Dysgu Cymru

Ariennir gan
Lywodraeth Cymru
Funded by
Welsh Government

1000 LIVES
O FYWYDAU

BELIEVE IN EVERY CHILD

WE CAN DO THIS BY GIVING THAT CHILD A VOICE, AND TRAINING THOSE SUPPORTING THEM TO HEAR AND UNDERSTAND HOW THAT YOUNG PERSON COMMUNICATES!

Communication Passport

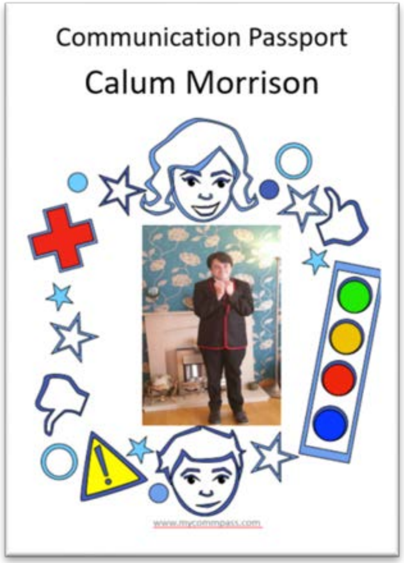
Laura Sanger

www.mycommpass.com

Communication Passport

Ciaran Clark

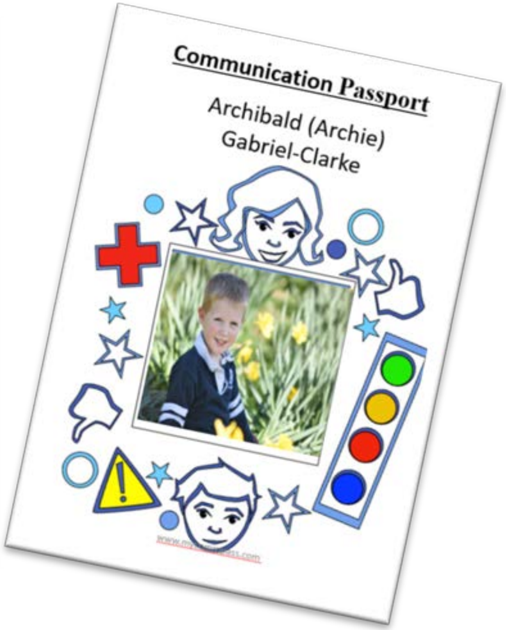
www.mycommpass.com



Communication Passport

Calum Morrison

www.mycommpass.com



Communication Passport

Archibald (Archie) Gabriel-Clarke

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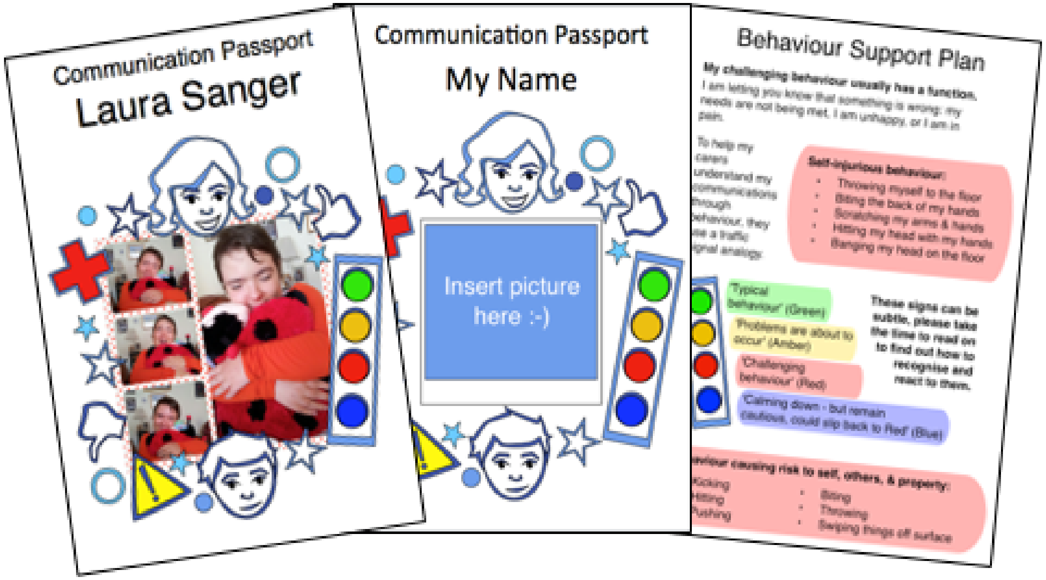
The Importance of My Communication Passport



Communication Passport

Laura Sanger

Communication Passport

My Name

Insert picture here :-)

Behaviour Support Plan

My challenging behaviour usually has a function. I am letting you know that something is wrong: my needs are not being met, I am unhappy, or I am in pain.

To help my carers understand my communications through ehaviour, they se a traffic ignal analogy

Self-injurious behaviour:

- Throwing myself to the floor
- Biting the back of my hands
- Scratching my arms & hands
- Hitting my head with my hands
- Banging my head on the floor

'Typical behaviour' (Green)

'Problems are about to occur' (Amber)

'Challenging behaviour' (Red)

'Calming down - but remain cautious, could slip back to Red' (Blue)

These signs can be subtle, please take the time to read on to find out how to recognise and react to them.

aviour causing risk to self, others, & property:

- Kicking
- Hitting
- Pushing
- Biting
- Throwing
- Swiping things off surface

Kate Sanger, Co – creator of www.mycommpass.com

kate@mycommpass.com

The Communication Passport Gives Laura a Voice

The Communication Passport is designed with the emphasis on explaining to the reader why Laura does what she does, and how those supporting her can bring out her best.

It paves the way

For better relationship's with Laura and all those involved in her support.

Why Make a Communication Passport?

"I discovered quite early on that there were going to be many different professionals involved in Laura's life."

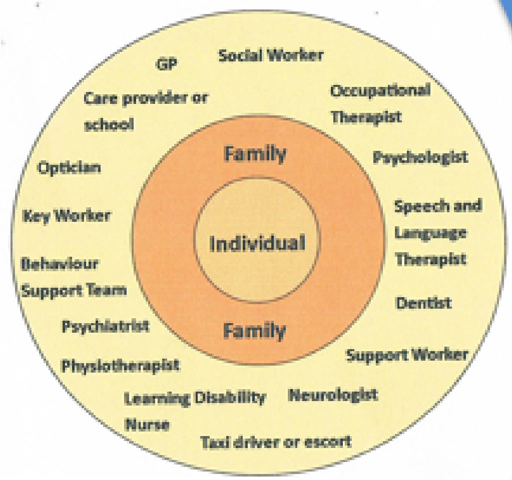
"Having so many people involved with Laura's care results in lots of different information to communicate."

"Each individual who works with her needs to know about all the important information that we collectively have learned about Laura who she is, and how she understands the world around her."

Parents and professional working in partnership leads to better outcomes.

Our Communication Passport acts as tool to provide a two way conversation between our young people and all those involved in their support.

“Good services treat families as experts.”
- Prof Jim Mansel



"I am the central point at which all reports regarding Laura’s care coalesce."

(Working in Partnership. Resources for professionals. The Challenging Behaviour Foundation, UK. 2015)

ership.
essionals.
ehaviour
015)

"The challenge for me was: How do I convey all this accumulated knowledge to each professional Laura will encounter?"

Giving Laura a Voice

Empowerment

The Passport allows Laura to say things that she wants you to know using ordinary language.

This helps people recognise Laura's autonomy and that she is a unique individual with feelings, thoughts & ambitions.

Aspirations & Realising Potential

By providing clear information & examples of good practice there is a clear standard of expected care.

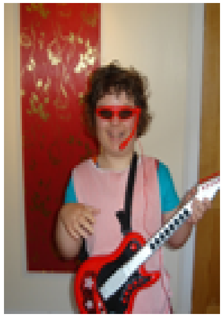
Any negative incidents are examined with regard to what should have been done according to the information in the Passport and future scenarios are considered and planned for.

Accountability

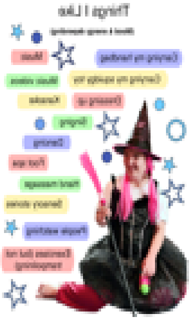
The Passport shows others how Laura would like her life to be.

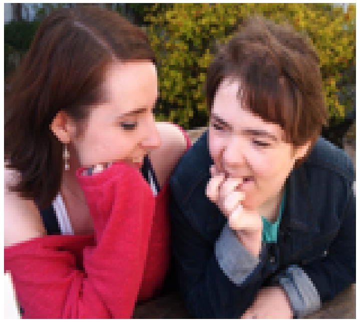
By informing the reader about Positive Behaviour Support strategies, we can encourage Laura to feel and act her best.

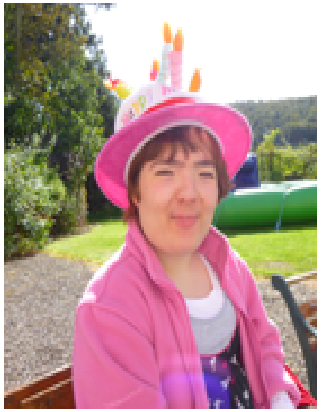
The Importance of a Communication Passport

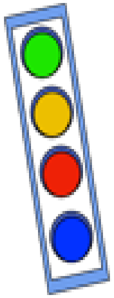


Behaviour Support Plan

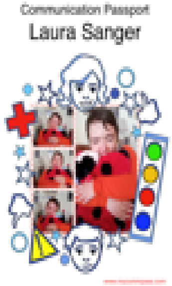








"Communication is a crucial human right."

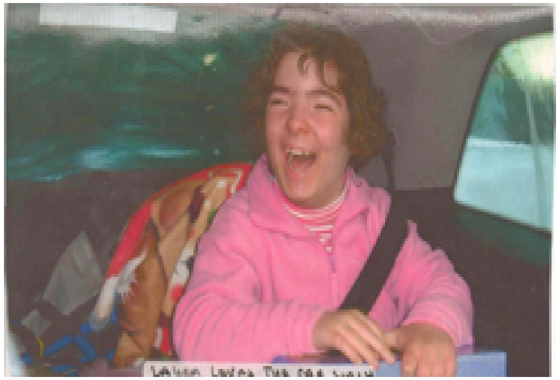


Communication Passport
Laura Sanger

Basic need for interaction with other people.

Supporting individual's input into decisions that affect their lives.

Promoting greater independence in everyday lives.



(Juliet Goldbart & Sue Caton)

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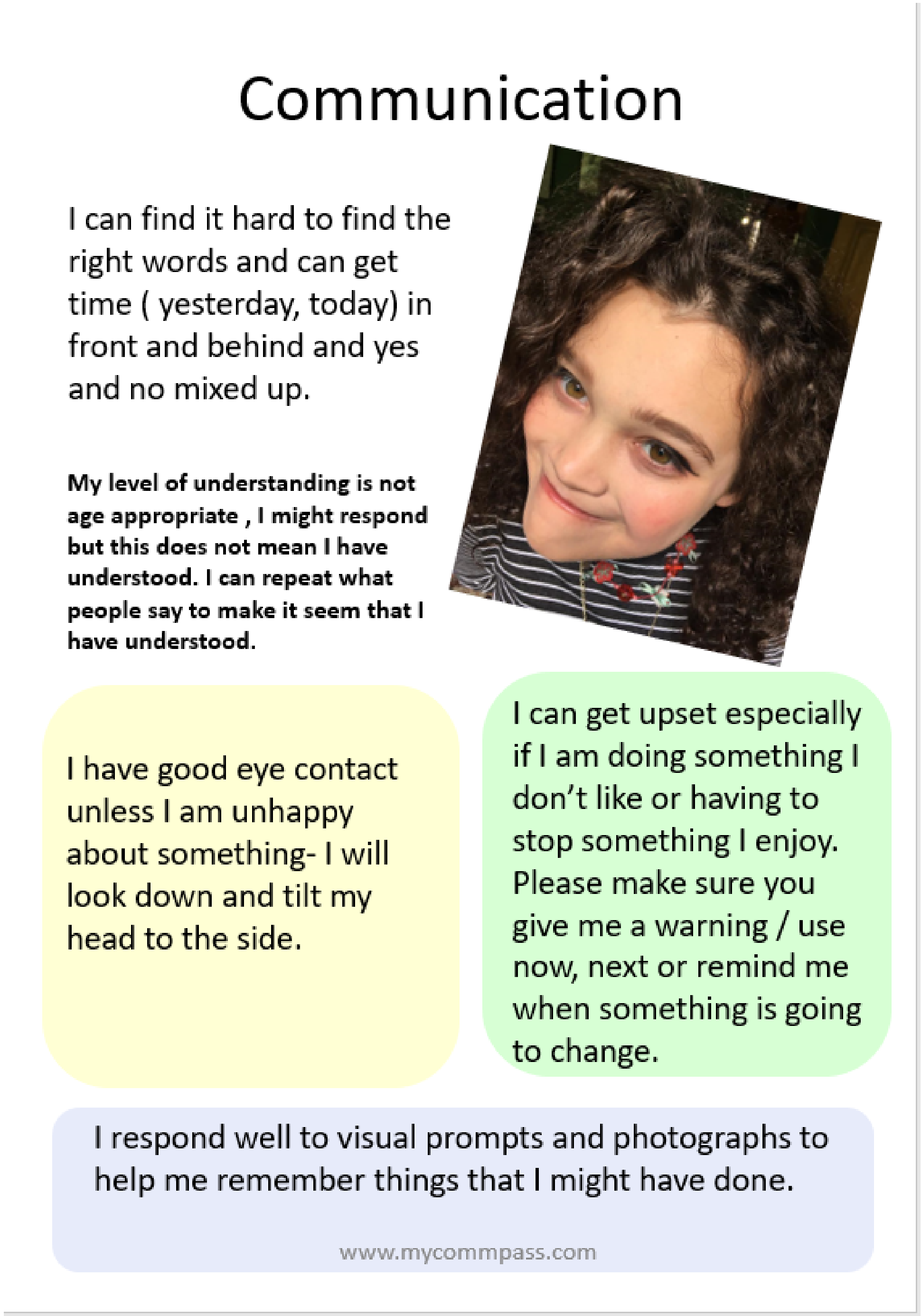

Communication

I can find it hard to find the right words and can get time (yesterday, today) in front and behind and yes and no mixed up.

My level of understanding is not age appropriate , I might respond but this does not mean I have understood. I can repeat what people say to make it seem that I have understood.

I have good eye contact unless I am unhappy about something- I will look down and tilt my head to the side.

I can get upset especially if I am doing something I don't like or having to stop something I enjoy. Please make sure you give me a warning / use now, next or remind me when something is going to change.

I respond well to visual prompts and photographs to help me remember things that I might have done.

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Even something as simple as this picture of Hattie, lets others know what they can do to aid Hattie's communication skills…

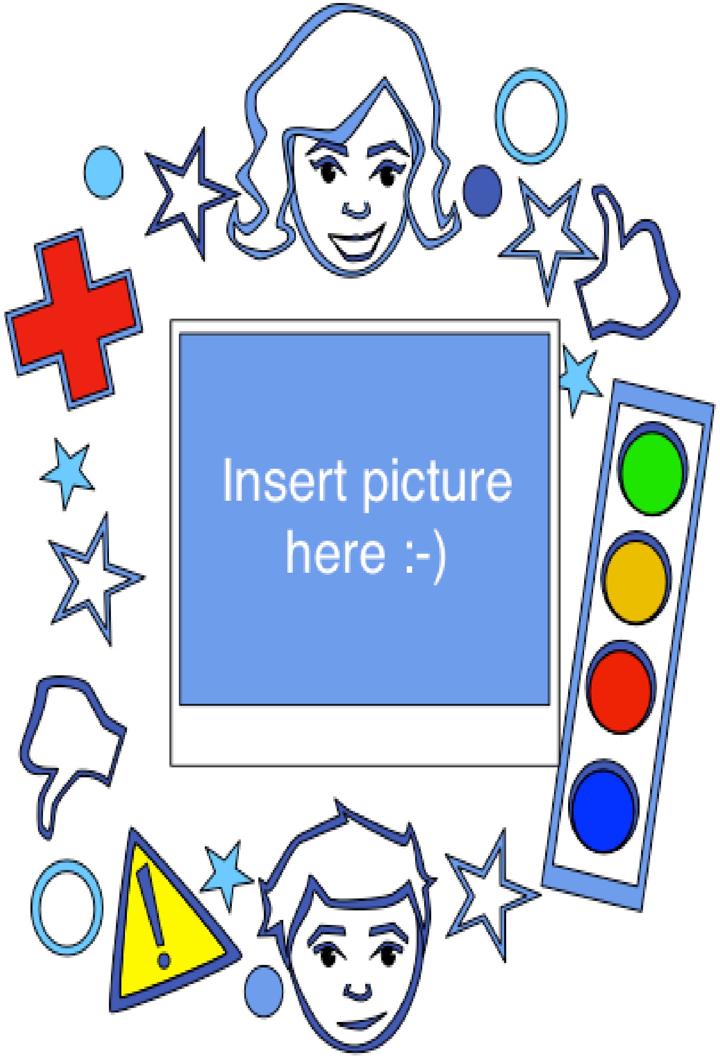
Loneliness does not come from having no people around you, but from being unable to communicate the things that seem important to you.

(Carl Jung)

Sometimes children and adults with learning disabilities communicate in many different ways, it is up to us to discover those ways if we are to have a meaningful conversation and get to know each other.

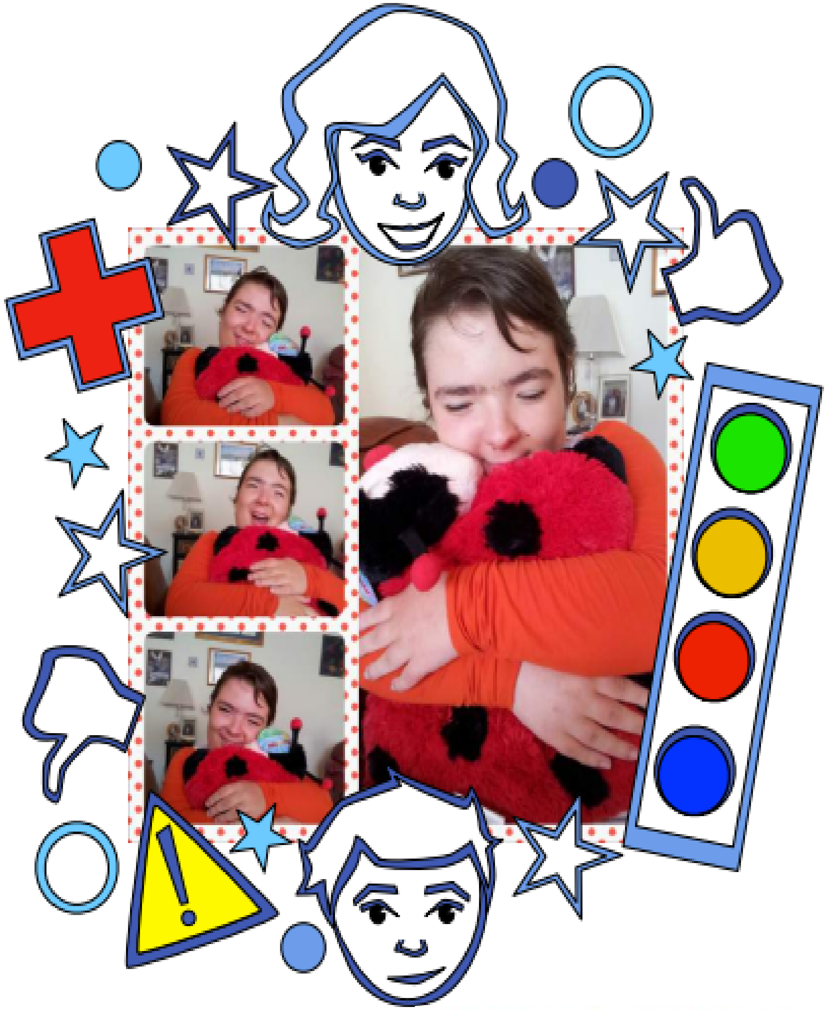
Communication Passport

My Name



Communication Passport

Laura Sanger



Communication Passport

Insert picture here :-)

Hi! Here is where you can welcome people to your Communication Passport.

It's a good time to introduce yourself and tell people why it is that you want them to read your Passport.

Hi! My name is Laura, welcome to my communication passport.

Due to my complex communication disorder, I can't verbally tell you how I would like my life to be. But if you take the time to read my passport, you will find out about all the things that make me who I am.

Emergency Contact Information

Relationship	Name	**Contact Details**
Relationship	Name	**Contact Details**
Relationship	Name	**Contact Details**
Relationship	Name	**Contact Details**

Medications:

- Medication?
- Medication?
- Medication?
- Medication?

ALLERGIES?

Emergency Contact Information

Mother	Kate Sanger	**Home:** [redacted] **Mobile:** [redacted]
Sister	Jenny Sanger	**Mobile:** [redacted]
Aunt	Susy Robertson	**Home:** [redacted] **Mobile:** [redacted]
Doctor	D. Kennedy	**Pitlochry Surgery:** [redacted]

Medications:

- Paracetamol (headaches)
- Losec
- Codiene phosphate (migraines)
- Domperidone
- Citalopram
- Peptac liquid

NO KNOWN ALLERGIES

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Contents

- Contents lists are great because
- they prepare the reader for what they
- are about to read.
- ----
- It also helps the reader navigate
- to reference points they want
- to revisit.
- ----
- ----
- ----

Contents

MEDICAL ALERT!!!

Laura has PICA (eats inedible objects) such as: plasters bandages, canula, any creams you put on skin and leave exposed! Drip tube, wrist name bands.

PLEASE do not leave unattended at any time, even for a few minutes as she can be very quick to reach something.

If Laura is under the blankets sleeping, please check that she is not under there chewing the blankets!!!

If you think Laura may have eaten something, please let her mum know or a senior member of staff as this can be life threatening.

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PICA AND THE DANGERS!!!

ALERT

I have Pica which means that I might try to eat inedible objects, mostly materials, threads, bedding, bandages, plasters, I have already had emergency surgery to remove a

Bandage which I ate during my stay in hospital!

WARNING

What is Pica? PICA is characterised by the habit of eating inedible objects. RISKS include : vomiting, constipation, infections, blockages in gut & intestines. Sometimes surgery is needed to remove object from the gut or to repair damaged tissues.

Laura has ate the dogs ear!

I need a one to one at all times, never leave me unattended as this puts me in the

Danger Zone

Important Medical Information!

Laura will not TOLERATE invasive medical procedures, such as : X-Rays –Scans-Ultrasounds-Catheterisation – Suppositories. If you have to perform any of these procedures Laura will have to be sedated. Please check recent medical notes!

If Laura should require a general Anaesthetic please make sure she has the correct sedation prior to going down to theatre, please read Dr Gail Gillespie notes!!!

When taking blood from Laura you will find she has very small hands and veins, it is easier if you get a yellow needle from the Pediatric dept, and please use Elma cream it can be sourced from other wards in the hospital.

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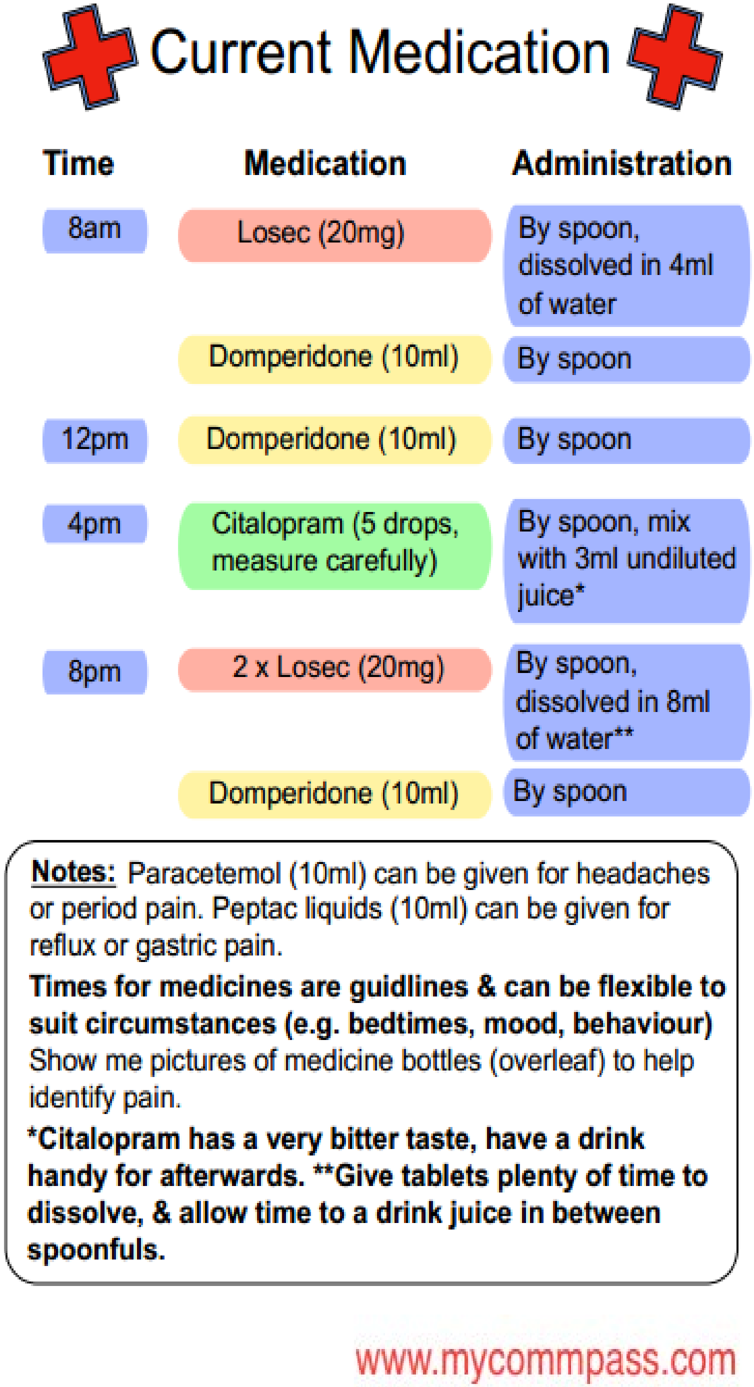
Medical information for hospital

Laura can only eat pureed food since having a Fundoplication in September 2015 , by Mr SHIMI in Ninewells hospital.

She has to be spoon fed at present to slow her down, as she would cram too much food in which could cause her to choke!

All medication must be in liquid form as she cannot tolerate tablets.
REMEMBER LAURA LACKS MENTAL CAPACITY. ALWAYS CHECK WITH MUM OR PERSONAL CARERS

THE IMPORTANCE OF SHARING INFORMATION TO ALL THOSE WHO SUPPORT YOUR CHILD, CAN HELP CREATE A MUCH BETTER RELATIONSHIP, AND CAN HELP PREVENT INCIDENTS THAT COULD BE LIFE THREATENING.



Current Medication

Time	Medication	Administration
8am	Losec (20mg)	By spoon, dissolved in 4ml of water
	Domperidone (10ml)	By spoon
12pm	Domperidone (10ml)	By spoon
4pm	Citalopram (5 drops, measure carefully)	By spoon, mix with 3ml undiluted juice*
8pm	2 x Losec (20mg)	By spoon, dissolved in 8ml of water**
	Domperidone (10ml)	By spoon

Notes: Paracetemol (10ml) can be given for headaches or period pain. Peptac liquids (10ml) can be given for reflux or gastric pain.

Times for medicines are guidlines & can be flexible to suit circumstances (e.g. bedtimes, mood, behaviour)

Show me pictures of medicine bottles (overleaf) to help identify pain.

***Citalopram has a very bitter taste, have a drink handy for afterwards. **Give tablets plenty of time to dissolve, & allow time to a drink juice in between spoonfuls.**

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My Diagnosis

Here is where you get to write about any diagnosis you might have, and say how it affects your abilities.

How does your diagnosis affect you? Check out the points below:

Cognitive skills – How does your diagnosis affect your ability to understand & learn things?

Speech & language – How does your diagnosis affect your ability to communicate verbally? Do you always understand the things you say?

Behaviour – Does your diagnosis affect your behaviour by causing you discomfort or confusion?

Medical – What are the specific medical problems that come with your diagnosis?

Is there anything that you want to say about your physical characteristics with regard to your disorder? Or maybe some general information on how your disorder works.

My Diagnosis

I have a condition called Cornelia de Lange Syndrome (CdLS for short).

CdLS is a genetic disorder which means it is present at birth, but it is not alway diagnosed at birth.

CdLS causes a range of physical, cognitive, & medical challanges for both gendres equally.

How does CdLS affect me? Check out the points below:

Cognitive skills - CdLS causes me to have severe learning difficulties.

Speech and language - CdLS causes me to have complex communication disorder.

Challenging & self-injurious behaviour - I can lash out at others or myself if I am in pain or my needs are not being met.

Medical - I have gastric reflux, which causes me a lot of pain & nausea; I also have Raynauds, a hydronephrosis of my left kidney, hip displasia (both hips), hiatus hernia, & hirsutism.

Mood change, anxiety, & autistic like behaviours are also a part of my condition.

Other physical features caused by CdLS that you might notice are my small stature, my short upper arms, my large thick eyebrows that meet in the middle, my long eye lashes, a small sinus at the base of my spine, curved fifth fingers on both hands, crowding of the teeth (though mine are a lot better since I had some removed), & small hands and feet. I also have narrow ear canals & a high arched narrow palate.

My Primary Diagnosis

EPILEPSY

ALERT WARNING

I HAVE ELECTRICAL ACTIVITY ALL OVER MY BRAIN ALL OF THE TIME:

I have **complex partial seizures** when I appear conscious so I can be walking around- watch out for my eye twitching. I have an "aura" and I also sometimes have a funny smell (like fish) when I am about to have a seizure. I also sometimes hear voices. When this happens, please stay with me and keep me safe.

I also have generalised **tonic clonic** seizures, where I lose consciousness. These normally only last a few minutes. When this happens, lie me on my side until the seizure passes.

I AM OFTEN SICK during a seizure, and I can also lose control of my bladder.

I am always sleepy after a tonic-clonic seizure so if that happens just let me sleep till I recover. Sometimes, after I am conscious again, I may behave a bit differently- this is called the "post ictal phase" it will pass so don't worry but I do become quite hyper, so you need to be very patient with me when this happens. I cannot help it.

If I am unconscious for any longer than 5 minutes please use my RESCUE MEDS

My Diagnosis

I have Epilepsy, Cerebral Palsy, I am also on the Autistic Spectrum, and I have Sensory and Communication difficulties.

I have electrical activity all over my brain, all of the time. I can have seizures at any time with no warning.

I have complex partial and tonic Clonic seizures. Complex partial seizures (Absences) happen with no warning, I may be sitting or standing and walking around. Watch out for one side of my mouth twitching. I am unaware of this and I will need your help. Please stay with me until it passes. Sometimes my speech is affected. I need time and patience when this happens.

During a Tonic Clonic seizure, I usually get a warning, but not always. If I know a seizure is coming I will tell you. Please make sure I am safe and lie me on my side until the seizure passes. I get very hot and sweaty during seizures, so if you can, loosen my clothing and help cool me down if possible. Sometimes I am sleepy afterwards, so if I am, please let me sleep till I recover.

My Diagnosis can affect my Behaviour !

ABSENCE/SEIZURE: Due to the discrete nature, it would be easy to miss the signs of seizure activity and unaware interactions can easily escalate and prolong a period of behaviour that challenges.

It may be discrete but still apparent that Hattie may be having multiple absences throughout the day, these absences are very easy to go un-noticed.

POST/ ABSENCE: Behaviours that challenge others often occur directly after one of these absences, such as walking in the opposite direction, throwing clothing such as hats and coats on the ground, asking questions such as ' where are we going', ' I'm not doing that' 'I don't want to do that', then Hattie may become suddenly tearful and emotional seeking reassurance about what is happening, and seeking comfort and wanting cuddles. Post Absence- may forget what she is doing, can be disorientated and may struggle to understand what is going on.

Communication

In these pages write things that the reader needs to know so they can understand you & the way you communicate best. What things should a care worker do to communicate with you?

Please do:

Do you need extra time to think about what I've said?

Do you struggle with complex sentences?

Do you understand better when there are visual aids?

Do I need to confirm that you've understood what I've said?

Insert picture here :-)

Examples of things that help you communicate: do you like music? Art? Gestures? Objects of reference?

Communication

I have a complex communication disorder. This means that in order to communicate with me, there are some things you will need to know first.

Please do:

Give me plenty of time to formulate my thoughts & to respond to you

Provide me with open choice

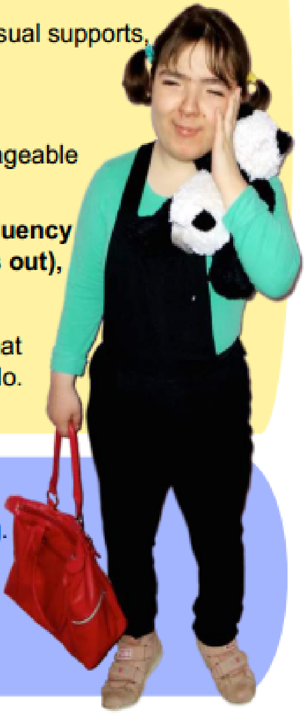
Aid my understanding through visual supports, gestures, repetition, etc.

Use short & simple language

Break instruction down into manageable chunks of information

Be patient. If I experience dysfluency (stuggling to get my sentences out), do not rush me.

Check that I have understood what you have said or what I have to do.



Examples of things that help me communicate: cause & effect (e.g. switches); music & art; narrative (sensory stories, social stories), body language, gestures, objects of reference, photos.

Communication

In these pages write things that the reader needs to know so they can understand you & the way you communicate best. What things should a care worker do to communicate with you?

Please don't:

Are there common mistakes people make when talking with you?

Do loud voices stress you out?

Or do you have trouble hearing?

Are you overwhelmed by multiple requests?

Insert picture here :-)

Communication

I have a complex communication disorder. This means that in order to communicate with me, there are some things you will need to know first.

Please don't:

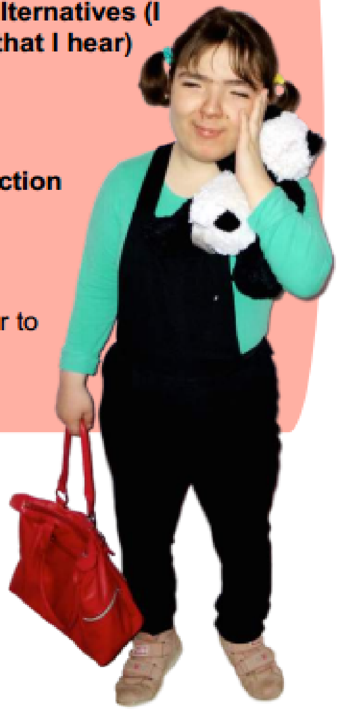
Ask me more than one question at a time

Ask me closed questions or alternatives (I tend to choose the last thing that I hear)

Use lengthly, complex language

Give me more than one instruction at a time

Assume that I have understood something just because I appear to use a lot of language



Communication

Any other information that people might need to know about you? Do you enjoy stories? Do you like to mimic things or do you need help finding words to say?

Is your understanding on the same level as your ability to express yourself?

Insert picture here :-)

Any tips about asking you questions?

Do you like or dislike eye contact?

Do you respond better to a particular pattern of questioning?

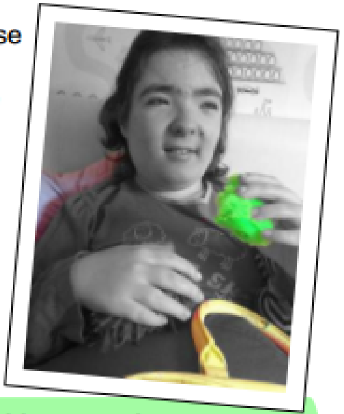
Do you have any habits that I should know about? Like picking the last thing you've heard?

Are there any systems of communication that help you? Pictures? Sounds? Symbols? Keywords?

Communication

My vocabulary will amaze & amuse you. I am a great mimic & will repeat stories adding a little more fiction along the way.

My understanding is not on the same level as my vocabulary & this can be misleading for people who don't know me.



Here are some tips to help you communicate with me.

When asking me a question:

- *Look at my face*
- *Keep the question short & simple*
- *Give me time to answer*

If I have to choose more than one thing (e.g. apple, crisps, or chocolate):

I usually pick the last word I have heard. So mix the options around & repeat the question. This will give you a better idea of what I want.

Use pictures or symbols to help, or chatbox.

I love pictures, photos, & symbols, so I will take time to look at them (of course this depends on my mood). Also, I love to tell stories using my chatbox. The objects in there can help prompt my memories of what I have been doing. For example, if I've been to the shop a carrier bag will help me remember.

Verbal Communication

Are you sometimes very quiet or very chatty? Is there conditions that will cause you to be more unresponsive than usual?

What is usual for you?

Does the tone of people's voices affect you? Do you respond differently to high energy & low energy approaches?

Insert picture here :-)

How does the introduction of new people in the room affect you? Are you easily distracted or is your focus so intense that you need help to see changes occurring?

Are there any telltale signs of things going wrong? Do you need reassurance at times?

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Verbal Communication

Sometimes I can be very quiet.

Sometimes I don't feel like talking & will stare into space, & will not respond to any of your questions.

Don't worry though, this is just part of who I am. I will talk in my own time.

When you want me to do something, try not to overload me with information. Use a soft voice, even if I am being difficult. I respond better to a calm approach.

I am easily distracted, so if someone new comes into the room I might stare at them & ignore everything else.

Sometimes I will stutter or repeat words. I can get anxious when trying to tell you what is on my mind, please be patient.

If I am hand flapping or grimmacing, try placing a hand on my shoulder gently to reassure me you're still listening.

Verbal Communication

Are there common expressions you use that do not mean what people might think they mean?

What I say: What I mean:

I don't want to go for a walk- I want to go for a walk

Look what's in front of you (when talking about something behind)

Upstairs when talking about downstairs

Inside when talking about outside

I want this .. I don't want this (making decisions)

Verbal Communication

Sometimes what I say, is not what I mean.
Here are some examples of my common expressions & suitable replies.

What I say:	What I mean:
"I have a feeling."	"I don't feel very well."
"What would you like?"	"I would like something, please ask me what I would like."
"And then?"	"What are we doing next?"
"Excuse me, can I talk to you?"	"I want to talk to you, please look at me & listen."

What I say:	Good replies:
"I love you!"	"I love me too!"
"Do you love me?"	"You're a lovely young lady, Laura."
"Ya big sook!"	"You're a big sook!"
"Are you hilarious?"	"Sometimes!"

Keeping me safe

ALERT WARNING

Insert picture here :-)

Do you need a keeping me safe page? What is your awareness of danger?

Do you need different safety support in different environments? What level of supervision do you need?

Let your carer know in which situations you need their assistance & in which you are safe to be given more independence.

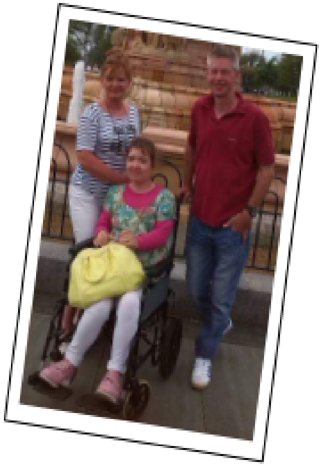
Highlight any dangerous scenarios that you have been in or could get yourself into.

Please don't cut corners – it can put me in the..

Danger Zone

Keeping me safe

ALERT WARNING



Keeping me safe can be a difficult job for my carer, as I have little awareness of danger.

Never assume I will act appropriately to my environement. I need my carer to help me by supervising me. But please don't continuously invade my personal space.

If you leave me unsupervised, I may try to open the door and take off (I am very quick!) I like to pace about & speak to everyone; keep me within your vision.

Taking me out:

I can be very good or extremely difficult. <u>Always use my wheelchair when out doors.</u>

I need two-to-one support or I need to be part of a larger group so that my carer has support should any problems occur.

Please don't cut corners - it can put me in the...

Danger Zone

Sensory Profile

A sensory profile is a really useful document to have because many people have sensory issues; it can have a profound effect on communication & behaviour.

We all experience the world through different senses & usually we expect those around us to sense the world the same way we experience it ourselves.

But we are all unique & we know that whilst some people can love the taste & smell of one thing, others might find it quite unpalatable.

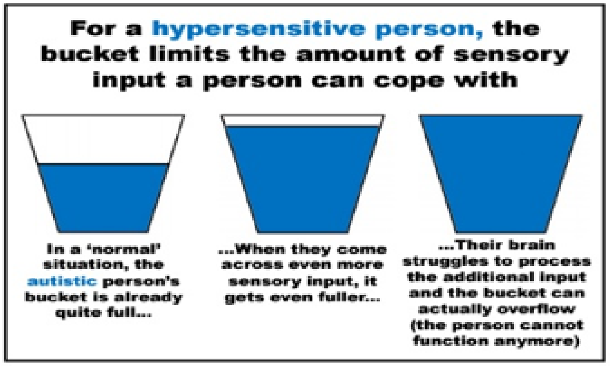
With many disorders, sensory processing is something that is often affected. This can mean that some sensations can be more intensely experienced (hyper sensitivity) or they may fail to elicit a response (hypo reactivity).

Ignoring these qualitative differences can have negative outcomes. Hyper sensitivity can lead to sensory overload – things might be too bright, too loud, too potent – overwhelming an individual.

DIAGNOSIS

How it is different for Archie?

Sensory input is important to all, especially an autistic person. Below is a diagram of the difference between an autistic person and a neurotypical person, with regards to sensory processing.

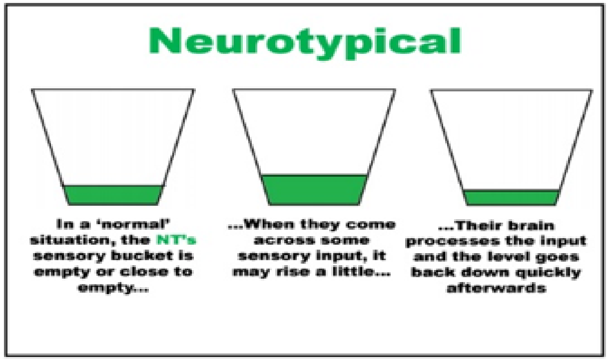


For a hypersensitive person, the bucket limits the amount of sensory input a person can cope with

In a 'normal' situation, the autistic person's bucket is already quite full...

...When they come across even more sensory input, it gets even fuller...

...Their brain struggles to process the additional input and the bucket can actually overflow (the person cannot function anymore)



Neurotypical

In a 'normal' situation, the NT's sensory bucket is empty or close to empty...

...When they come across some sensory input, it may rise a little...

...Their brain processes the input and the level goes back down quickly afterwards

m

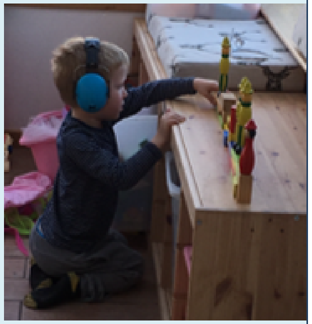
STIMMING

A stim might indicate there is a problem. A stim is **NOT** the problem

What is it?

- A stim/stimming is a physical behaviour such as movements or sounds used by individuals with autism and sensory processing disorder. It provides a sensory input that helps regulate their neurological state.

How I stim



- Hand flapping
- Spinning in circles
- Lining toys up/tidying toys away
- Echolalia
- Movement

How it helps me

- Stimming is healthy, functional and important
- Stimming can – calm, comfort and communicate
- Stimming might express – joy, excitement, fatigue, sensory overload

How can you help me?

- Ensure the area is safe and I am safe whilst stimming
- Allow me to stim
- Understand that it is essential for me

VESTIBULAR SYSTEM

The vestibular system is centred in the inner ear and relates to balance and movement. It provides us with information about the speed and direction of movement of both ourselves and our surroundings. It helps us to move smoothly and efficiently.

How it affects me?

- I seek and am satisfied by movement
- Can move in an uncoordinated manner and can bump into objects and people
- Difficulty coordinating movement of mouth resulting in dribbling, speech delay and spilling juice when trying to drink
- Difficulty standing still and keeping balance

How you can help me?

- Allow me to Stim – spin in circles etc, just ensure the surroundings are safe.

- Provide me with regular movement breaks
- and understand the importance of these
- Please don't ask me to "stand still" as I find this very difficult
- Be understanding that I might bump into you due to coordination but don't mean to hurt you.

Things I Like

(Mood & energy depending)

Insert picture here :-)

Insert picture here :-)

Activity I like doing

Activity I like doing

Activity I like doing

Activity I like doing

Things I Like

(Mood & energy depending)

- Carrying my handbag
- Music
- Carrying my squidgy toy
- Music videos
- Dressing up
- Karaoke
- Singing
- Dancing
- Foot spa
- Hand massage
- Sensory stories
- People watching
- Exercises (but not trampolining)

Things I Don’t Like

What things do you really not like? Maybe it’s environmental noise or maybe it’s particular ways people talk & interact with you.

Here is a good place to let your reader know what kind of things you don’t like. We all deserve to feel happy & in control of our lives, what’s the best way to make that happen for you?

Insert picture here :-/

Things I don’t like:

Situations I don’t like

Behaviour I don’t like

Activity I don’t like doing

Environments I don’t like

Are you sensitive to body language & tone of voice? Do people need extra patience to keep their voices calm when you are having a difficult time?

When you are exposed to things you don’t like, does this lead to challenging behaviour?

Things I Don't Like

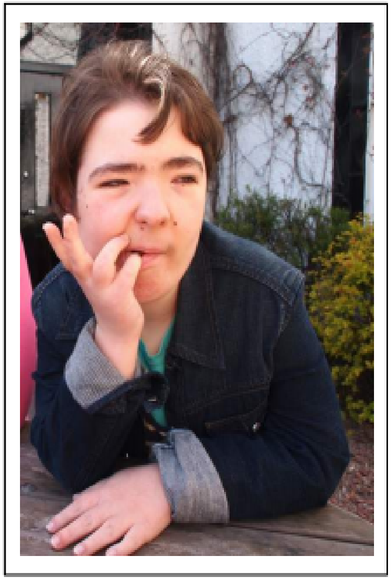
I often experience social anxiety, low moods, & low energy levels.

Please be mindful of this & do not put your expectations of what you think I might enjoy doing, above what I am capable of doing given how I am feeling.

Forgetting this will likely lead to challening behaviour - if I don't like my environment, I will act out so that I am removed from it.

Things I don't like:

Big noisy crowded places



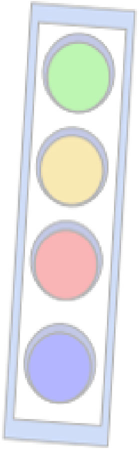
Too many choices (no more than 2 at a time, & if anxious, please make a decision for me)

Birds, feathers, spiders, & flies

Please be aware that I am very sensitive to your body language & tone of voice. If you are anxious, stressed or tired, I might pick up on it & also become anxious.

Behaviour Support Plan

Different types of strategy



Proactive:

Strategies used to meet my needs without my needing to resort to challenging behaviour.

Reactive:

Strategies used to manage challenging behaviour as safely & quickly as possible.

Reactive strategies are not a time to teach new skills.

The following pages will describe proactive & reactive strategies for each traffic light phase, as well as a description of the defining behaviours.

Please remember:
Physical intervention should always be the last resort.

If there is any use of physical intervention, a meeting will be arranged to discuss how I ended up in this situation.

Behaviour Support Plan

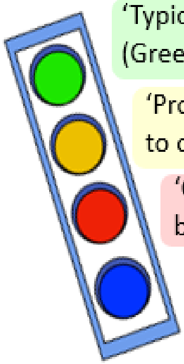
My challenging behaviour usually has a function.

I am letting you know that something is wrong: my needs are not being met, I am unhappy, or I am in pain.

To help my carers understand my communications through behaviour, they use a traffic signal analogy.

Example self-injurious behaviours:

- Throwing self on the floor
- Biting the back of hands
- Scratching arms & hands
- Hitting head with hands
- Banging head on the floor



'Typical behaviour' (Green)

'Problems are about to occur' (Amber)

'Challenging behaviour' (Red)

'Calming down – but remain cautious, could slip back into Red' (Blue)

These signs can be subtle, please take the time to read on to find out how to recognise & react to them.

Example behaviour causing risk to self, others, & property:

- Kicking
- Hitting
- Pushing
- Biting
- Throwing
- Swiping things off surface

Behaviour Support Plan

Setting Events

Lots of people ask about the triggers for my behaviour, but it's important to know that **setting events** happen before triggers.

A setting event is anything that increases a person's level of anxiety or unease, making everything else a bit harder to cope with.

Insert picture here :-/

They can be **inside** events (pain, fear, anxiety) or **outside** events (noise, people, change).

They might have happened recently: e.g. a bad experience such as a hospital trip, or not getting enough sleep last night.

Or they might be currently happening: e.g. the lights are too bright, the room is too noisy, I don't feel very well.

Setting events build up over time. As they accumulate, the more likely I will display challenging behaviour in response to triggers.

Because of this, never assume that because I've enjoyed an activity one day, I'll be happy to do it the next.

Behaviour Support Plan

Setting Events

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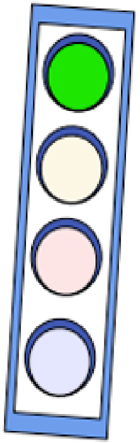
Proactive Plan – Green Phase

Behaviours:

- ✓ What does it look like when you are happy? Do you smile?
- ✓ Do you mix well with others?
- ✓ Are you chatty?
- ✓ Do you ask questions?
- ✓ What's your posture like?
- ✓ Do you like to do new things?
- ✓ What's your voice like?



Positive Support Strategies

Here you will want to describe all the things that keep you in the Green phase.

For example:

- ✓ Keep activities to a minimum; no more than 2 activities a day
- ✓ Make sure I am in good health & free from pain (I often get a sore head & sore tummy)

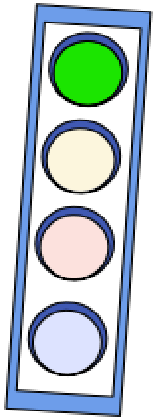
Tips

- Be explicit – give concrete examples of phrases, lengths of time, or numbers of repetition if relevant.
- Explain the strategies if possible – it's easier to remember the best way to do things if it makes sense to the reader in a bigger picture.

Proactive Plan - Green Phase

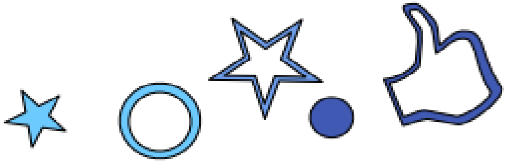
Behaviours:

- ✓ Happy mood - lots of smiles, very chatty, relaxed
- ✓ Able to mix with others & enjoy activities with my peer group
- ✓ Happy to talk & communicate with peers
- ✓ More likely to comply with requests; e.g. Personal Care (PC) routines
- ✓ Easier for me to learn new skills

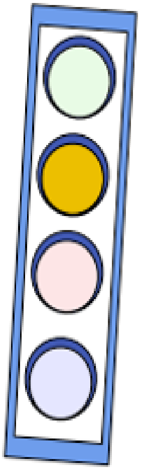


Positive Support Strategies

- ✓ Keep activities at a minimum; no more than 2 activities a day
- ✓ Make sure I am in good health & free from pain (I often get a sore head & sore tummy)
- ✓ Avoid saying 'no'; use 'later' or 'in a minute' instead
- ✓ Give me praise when I am doing well
- ✓ Allow me plenty of time to process information, especially during transition/times of change
- ✓ Make sure everyone working with me has read my Communication Passport!



Active Plan – Amber Phase



Behaviours:

- What does it look like when you are anxious? Does your expression change?
- Do you still like to be around people?
- Are you chatty?
- Do you ask questions?
- What's your posture like?
- Do you like to do new things?
- What's your voice like?

Positive Support Strategies

Here you will want to describe all the things that will help de-escalate the situation.

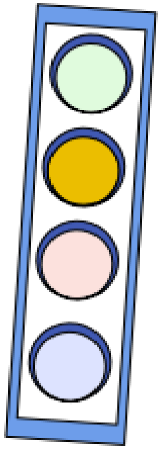
For example:

✓ Ask, "What's wrong?"
✓ Distract me with a task I like; e.g. "Let's go make a cup of tea for…"

Tips

- Be explicit – give concrete examples of phrases, lengths of time, or numbers of repetition if relevant.
- Explain the strategies if possible – it's easier to remember the best way to do things if it makes sense to the reader in a bigger picture.

Active Plan - Amber Phase



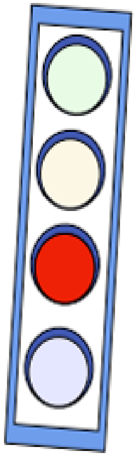
Behaviours:

- Anxious mood - frown expression
- Constantly opening & closing my bag
- Talking to myself in a low, menacing voice; using bad language
- Shouting out & repeating conversations (more than usual)
- Grabbing your arm, pushing you away or dropping myself to the floor
- I get very emotional - crying then laughing

Positive Support Strategies

✓ Ask, 'What's wrong?'
✓ Distract me with a task I enjoy
✓ If outdoors, use wheelchair & get help/return to home or base
✓ Respond to my requests if possible
✓ Don't confront me or stand within striking distance
✓ Give me my space
✓ Offer me a drink
✓ Reduce any verbal commands or instructions

Reactive Plan – Red Phase



Behaviours:

- What does your challenging behaviour look like?
- Do you hurt yourself?
- Do you try to hurt others?
- Do you strike out at things in the environment?
- Will you set off alarms?
- Who is at risk & how?

Positive Support Strategies

Here you will want to describe all the things that will help de-escalate the situation.

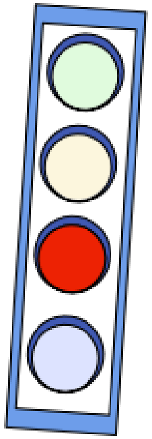
For example:

✓ Do not engage me in any conversation
✓ Do not make any demands of me
✓ Give me as much space as possible but keep me in sight

Tips

- Be explicit – give concrete examples of phrases, lengths of time, or numbers of repetition if relevant.
- Explain the strategies if possible – it's easier to remember the best way to do things if it makes sense to the reader in a bigger picture.

Reactive Plan - Red Phase



Behaviours:

- Biting my own hand or yours
- Lying on the floor, or refusing to move
- Banging my head on the floor
- Hitting/grabbing/striking at anything or anyone within reach
- Throwing objects that are nearby
- May set off the fire alarm
- May put objects in my mouth

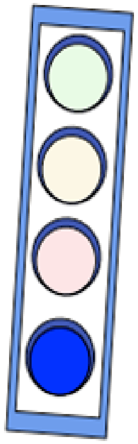
Positive Support Strategies

✓ Do not engage me in any conversation
✓ Reduce all demands/stimulation
✓ Place a hand gently on my shoulder, guide me to a chill out area
✓ In public, use a mobile phone to call for help
✓ Give me space, but keep me in sight
✓ If possible give me a change of staff member (works as a distraction)

Post-Reactive Plan – Blue Phase

Behaviours:

- What do you look like after a Red phase?
- Do you seek time & space to yourself?
- Do you want to talk to me about what happened?
- Are there any physical needs as a result of your behaviour?
- Do you want reassurance?
- What is your voice like?



Positive Support Strategies

Here you will want to describe all the things that will help return you to a Green phase.

For example:

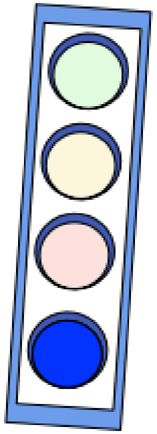
- ✓ Allow me time in chill out area; this could be from 20 minutes to several hours.
- ✓ Show empathy – Let me know you understand that I was upset.

Important
After any incident the Welfare Guardian should be informed & a meeting should be arranged with all those concerned. If you have been in a Red Phase, it's important to learn how it happened so that it can be avoided if possible in the future.

Post-Reactive Plan - Blue

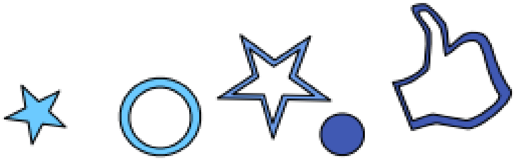
Behaviours:

- More relaxed than Red (posture)
- Will seek time on my own, chat to myself over & over
- May ask for a cuddle
- May say sorry; but if my voice is menacing, I do not have control of my behaviour yet
- May take a drink & ask to join the group
- May lie quietly until I feel ready to leave chill out area



Positive Support Strategies

- ✓ Allow me time in chill out area; this could be from 20 minutes to several hours
- ✓ Make no demands
- ✓ Show empathy
- ✓ Recognise the physical impact of the incident; e.g. offer me a drink (all that shouting is thirsty work!)
- ✓ Arrange a meeting with all those concerned so that we can learn from the incident - I don't like being in the Red phase, so I need help to make sure it doesn't happen when it is avoidable



Diet and Eating Habits

Many conditions result in gastric problems, this can mean that it's important to pay close attention to diet & eating habits.

Food & drink that can cause you problems:

- Concise
- Lists
- Are
- Helpful

Are there any things that you like that are not good for you? Maybe you are allowed them for a treat sometimes?

Insert picture here :-)

Anything that is really hard for you to digest? No one likes having nausea! Do you need smaller portions but to eat often?

How are your eating habits? Do you need to be encouraged to eat? Or portion control? Do you need support to use your cutlery?

What are some of your favourite foods?

- Favourite food
- Favourite food
- Favourite food
- Favourite food
- Favourite food
- Favourite food

Any notes about drinks? Did you know the average person doesn't drink the recommended amount of water each day?

Diet and Eating Habits

Due to recent Gastric surgery I can only eat small portions about an hour apart. Example small soup then small Jelly.

I have to be spoon feed at present with small spoon.

This is only a temporary measures

Laura may continually ask for food while you are feeding her just reassure her that she will get food in a minute.

If Laura eats too much she will be sick, if this happen just stand her up with a sick bowl rub her back and reassure her.

Remember you are in control of Laura's diet, if she keeps saying she is hungry , please be mindful her stomach at present can't hold too much

No food except what Mum provides

Please give small amounts of fluids, only fill the glass ¼ as if she has a whole glass in front of her she can't stop herself drinking it, this will make her ill.

Personal Care & Hygiene

Personal hygiene and care is a sensitive subject.

Write here about all the things that you need to help you be clean and healthy.

Be sure to remind people that you deserve respect & dignity just like anyone else. So if you require pads changing or other such intimate care, make it clear this should always be done in private.

Are there times when your personal care changes?

Do you like having your hair brushed?
Do you prefer showers or baths?

Are you able to brush your own teeth?
Do you have special toothpaste that you like to use?

Do you need help dressing? Do you like to pick your own outfits?

Is there anything you really don't like?

Any specific instructions about how to practically support your personal care & hygiene

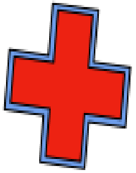
---

Personal Care & Hygiene

All pad changing & bathing must be done by a female & must be done in the privacy of my bedroom or the bathroom when in the house.

If we are out of the house, please find a private room for me. This is important, please do this out of respect & to help me maintain my dignity.

When I have menstrual bleed please change my pad more frequently & offer me some paracetamol (10ml) as I often experience discomfort.



Due to my hirsutism, I ask that my carer removes the hair from my chin area with a lady razor & soap or foam when I am in the bath.

I have an electric toothbrush & prescribed toothpaste to help me preserve the enamel on my teeth. My acid reflux can cause accelerated erosion.

I need help with all aspects of personal care & dressing.

No showers, please. I really don't like the shower.

To wash my hair, let me lie back in the bath & pour water over my hair (careful of my eyes)

I quite like having my hair brushed as a calm activity.

Sometimes I can refuse to have my personal care addressed, but if you follow my behaviour support plan, I should remain relaxed & happy, allowing you to help.

My Family

Insert picture here :-)

Insert picture here :-)

Insert picture here :-)

Insert picture here :-)

Here is a good place to give a shout out to your family & friends!

Let your care workers know who is in your life.

Give them an example of the things you do together.

This way we can put faces to names when we talk about the things you like to do with your family.

Insert picture here :-)

Insert picture here :-)

Insert picture here :-)

Insert picture here :-)

My Family

This is my Mum, Kate. I like to follow Mum around.

This is James, Mum's partner. I like it when we go out for lunch in Perth.

This is Sean, my brother. Sometimes we go to Glasgow & stay at his.

This is Jenny, my sister. She looks after me when Mum is away.

Insert picture here :-)

Here is a good place to write a little message & thank your reader for taking the time to get to know you.

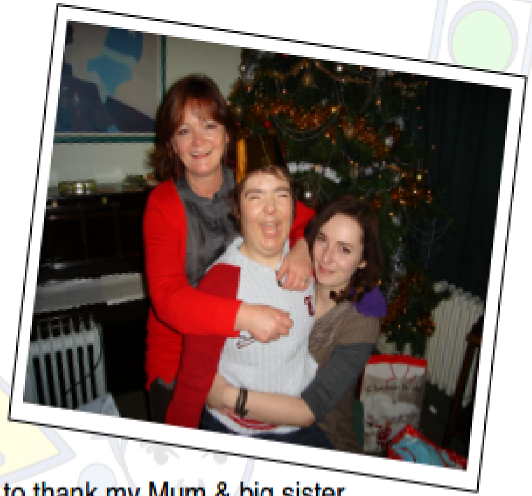
Thank you for using this template! I hope it's been helpful.

Any questions please e-mail jenny@mycommpass.com

Good luck making your own! :-)

Thank you for taking the time to get to know me & how I communicate! I hope the preceeding pages have helped you understand me a little bit better so that we can enjoy our times together.

Many thanks,
Laura
x x x



I'd also like to thank my Mum & big sister Jenny, for putting my communication passport together. I hope it helps everyone communicate with me as well as they do.

Feedback

"Thank you very much for sharing this with us. It is really, really good!!! It's enormously challenging for parents to find user friendly well designed tools that they can use and this is simply great.

With your permission we will stick link to the materials on our new website which will be and running over next couple of months and we will also use it to complement the training we do for parents and carers. "

-Brodie Paterson, PhD Med BA(hons), RMN, RNLD, RNT, Dip Nursing FEANS. Director CALM Training Ltd

"Brilliant Kate. Well done to all involved. We will promote."

- Prof. Chris Oliver, Professor of Neurodevelopmental Disorders, University of Birmingham.

"This is wonderful and really informative. Would you mind if I posted it on the Cerebra centre's Facebook group? I think there would be a lot of families who would benefit from your website."

-Katherine Ellis, Doctoral Researcher, University of Birmingham.

"Just passed on the website to the folks on dementia! They loved it and are keen on using aspects of it in our intervention!"

-Dr Kieren Egan, Post Doctoral Researcher and Honorary Fellow for the University of Edinburgh. WHO Collaborating Centre, Hôpitaux Universitaires de Genève (HUG).

"This is wonderful Kate, and so easy to get the information you need."

-Arlene Napier, Head of Clinical Governance and Risk Management, NHS Tayside

"I wish all our clients had a Passport, it would save us going through pages and pages when we are looking for a piece of important information. The Passport provides that."

-Support Worker

"I love it, do you mind if I show it to the Support for Learning teacher in my school? Would like to try and develop a version for a boy in my class."

-Primary School Teacher

"Your family has created a really fantastic resource."

-Speech and Language Therapy Student.


Learning Disability Wales
Anabledd Dysgu Cymru

Believe in every child

Positive approaches to behaviours that challenge

#believeineverychild2019

1000 LIVES
O FYWYDAU

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