



GS SOCIAL CARE SOLUTIONS LTD  
16 Noble Street, Rishton, BB1 4HX

#socialcareatitsbest

# GS SOCIAL CARE

## SPRING 2021 NEWSLETTER

*"Welcome to our first Newsletter*

*GS Social Care Solutions has been established since 2006. We work with vulnerable client groups both young and elderly; we cover every aspect of Social Care including supervised contact, home care, outreach support, domiciliary care, and end of life care.*

*We have a residential children's home for young people under 18 and two small residential homes for young adults, one sole occupancy and one dual occupancy; all three residential services are for individuals with learning disabilities and additional needs.*

*Our Registered Learning Disability nurse also provides additional support and advice for not only the individuals we support, but also the wider community."*

*(Look out for our fun facts about the senses!)*

# GS SOCIAL CARE'S CURRENT INITIATIVES

## GS PARTNERSHIP BOARD

Our Partnership Board is in the early stages of its development. This will initially be for adults who are currently supported by GS Social Care, who live in the community to give them the opportunity to meet new people, talk about the service they receive from GS Social Care and to talk about their experiences with community services. We hope to be able to arrange social activities and guest speakers; we also hope that the board members will chair meetings and present to the meetings, anything that they are interested in or passionate about.

Once it is up and running we hope to offer it to the wider learning disability community.

## MAKATON

We are working towards having Makaton embedded within all our residential services. We want our staff teams to support their verbal communication with Makaton for all the individuals we support, even those with no additional communication needs. This is so that all the individuals we support are fully involved in all aspects of life at home, it gives them the freedom to be able to express themselves and will prevent any social isolation and hopefully reduce challenging behaviours. For those we support who have no additional communication needs, it allows them to communicate fully with everyone they live with and encourages them to learn a new skill.

## COMMUNICATION ACCESSIBLE

We are a Communication Accessible company; this means we are recognised for how we support people with additional communication needs. The initiative has been developed in partnership by charities and organisations who have the same shared vision to improve the lives of people with communication difficulties. (<https://communication-access.co.uk>)



The human eye  
has over 2 million  
working parts

# COMMUNICATION TECHNIQUES WE USE WITHIN GS SOCIAL CARE

## **MAKATON**

“Makaton uses signs, symbols and speech to enable people to communicate” ([www.makaton.org](http://www.makaton.org))

As mentioned previously, we are aiming to be a Makaton enabled service so are implementing Makaton as a communication technique across all of our residential services.

We hope that all our residential staff teams have achieved all levels (1-4) by the end of 2021.

## **PECS**

Picture Exchange Communication System.

A system that uses pictures to allow individuals to communicate. Individuals choose activities/ food/ clothing etc by choosing or pointing to pictures, depending on the individual's ability they may choose from a full list of activities or as little as 2 pictures. Again, depending on the individuals, we will encourage sentence structure to develop their communication skills.

## **EASY READ AND EASY TO UNDERSTAND**

During verbal communication we encourage using simple, jargon free language and shorter sentences; we also use pictures to support the words.

## **ALTERNATIVE MODES OF COMMUNICATION**

Offering different modes of communication to meet the needs of the individual i.e., via email, text message, telephone or video calling.

By the age of 20  
humans will have, on  
average, lost half of  
their taste receptors!

# STRATEGIES WE USE WITHIN GS SOCIAL CARE WITH INDIVIDUALS WE SUPPORT

## POSITIVE BEHAVIOUR SUPPORT

Person  
centred  
framework

Behaviour  
support plans

Proactive  
strategies

Encourage  
choice

Learn new  
skills

Identify  
unmet  
needs

Improve a  
person  
quality of  
life

Replacing the  
negative with  
a positive

Reducing  
behaviours that  
challenge

# FUNCTIONAL ANALYSIS

We use Functional assessments to identify the function of the persons behaviours

## **What happened before the behaviour?**

*Key information which could identify a trigger*

*What were they doing? Where were they? Who were they with? What was the weather like?*



## **The Behaviour**

*What did you see? What was the person doing? Who or what was the behaviour directed at?*



## **What happened afterwards?**

*What reduced or stopped the behaviour? How quickly did the person calm? What did they do afterwards? Where did they go?*

# SYNDROMES

*We support a number of children and young people who have specific and sometimes rare, syndromes which make them unique, have special talents and allows them to see the world different to others. Here are two syndromes that some of the young people we support have...*



## **KLEEFSTRA SYNDROME**

*The young person we support is very affectionate, loving and funny, he also has a cheeky sense of humour. He loves bright colours and wearing funny hats, he enjoys watching his I-Pad, singing songs and watching the world go by outside. He has a lot of sensory needs which can provide some challenges for him however he has a loving family and a very positive staff team who are striving to ensure he lives his best life.*

*Kleefstra is a rare genitive disorder*

*Caused by a deletion (missing piece) at the end of chromosome 9*

*Associated with learning disability, delayed or absent speech, features of autism, and identifiable facial features.*

*Associated physical health and behavioural conditions include reflux, vomiting, food seeking behaviours, heart conditions, difficulty sleeping*



## ANGELMANS SYNDROME

*The young man we support with Angelman syndrome is funny, loving, affectionate, caring and inquisitive. He loves technology, music and dancing, he is also fascinated by water. He has a big cheeky grin and knows how to entertain others and make them laugh. He is very helpful around the house, and enjoys going out, especially on the bus.*

*Even though he does not communicate verbally, he has a really good understanding of others verbal communication, facial expressions and body language.*

*Angelman syndrome is a rare genetic disorder.*

*Having Angelman's means a person can smile and laugh a lot, often with little stimulus, they can be easily excitable and restless, and may need less sleep than others.*

*There is a higher proportion of eating difficulties in people with Angelman's, including: increased appetite, higher rates of obesity and a desire to seek rewards and pleasure from eating.*

*People with Angelman's have a range of communication difficulties.*

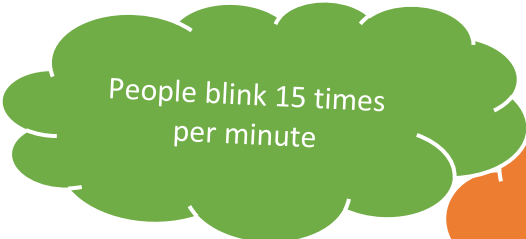
Blood pressure and heart rate can be reduced by a touch!

# SENSORY NEEDS

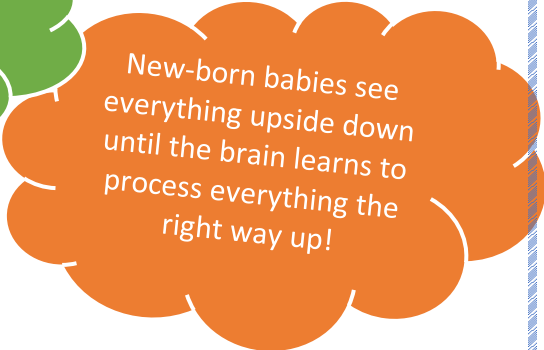
We all have different sensory preferences, some of us like spicy foods, some of us prefer warm weather to cold, some people don't like to be hugged. As children we develop an awareness of all these different senses and learn how we as individuals respond to different senses, and how to cope with them.

Sensory processing issues can be more challenging for individuals with learning disabilities as they may be more sensitive to senses.

Challenging behaviours can be triggered by sensory needs; considering a person's sensory needs can allow you to have a better understanding of what the person is feeling. You can then find alternative strategies to support, reducing the need for the person to display challenging behaviours.



People blink 15 times  
per minute



New-born babies see  
everything upside down  
until the brain learns to  
process everything the  
right way up!

# OUR SENSES

SENSE	WHAT COULD A PERSON BE SENSITIVE TO?
<i>Sight</i>	<i>Light, Movement, Colours, Patterns Your sight can also impact your balance</i>
<i>Hearing</i>	<i>Lots of different noises at the same time, loud noise, silence</i>
<i>Taste</i>	<i>Taste and texture of foods. May seek hot, spicy, sour foods, some also may seek bland soft foods.</i>
<i>Smell</i>	<i>Some may be sensitive to strong smells; however, some may actively seek out strong smells.</i>
<i>Touch</i>	<i>May be sensitive to touch and seek out different textures and pressure. Some may be over-sensitive to touch, becoming upset if touched.</i>
<i>Vestibular</i>	<i>Your vestibular sense affects your movement, balance, spatial awareness, body position, speed and direction.</i>
<i>Proprioception</i>	<i>An awareness of your own body and what is going on inside it. The proprioceptive sense is activated when we move, it helps us to know where our limbs are, be aware of how fast we are moving, keep our balance and control our muscles and posture.</i>

# Learning Disability Nurse Service

Our Learning Disability Nurse provides 1:1 behaviour support, 1:1 and group support and advice to families and schools, 1:1 Life Story work to looked after children.

This service is offered to Special Educational Needs Schools, mainstream schools, parents and carers and other providers.

We are aware that a lot of individuals may have allocated Learning Disability practitioners in the community however she has been able to provide direct support to individuals throughout the pandemic, working side by side with NHS practitioners.

Should you know of anyone who may benefit from this service, please contact us at GS Social Care on 01254 877755



Your taste buds die off and regenerate every few days

# Learning Disability Nurse Service

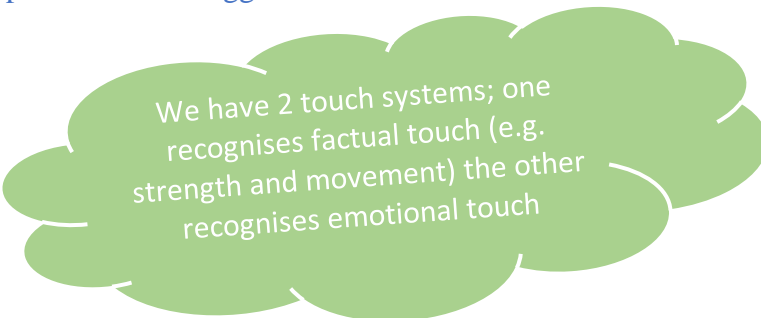
## Case Study

“Jack” is an 8-year-old boy with moderate learning disabilities, he was referred to us by his parents as they were struggling to manage his behaviours at home. “Jack” is non-verbal and very reluctant to use any form of communication method. “Jack” makes his needs known to parents by gesturing and taking them to what he wants. “Jack” divides his time between parent’s houses.

“Jack” had displayed some challenging behaviours for a number of years, however there had been an escalation in his behaviours. The main concerns were around transition behaviours (getting in and out of bath, car, house). When he got home from school he would get off the bus, but then drop to floor and remove clothes, he would also hit out at parents. He had also hit out at adults and another child at school.

We completed sessions to determine “Jack’s” understanding of his behaviours and whether they were positive or negative. We also completed observations of “Jack” within the school environment, both home environments and on school transport.

We identified possible triggers and worked on supporting “Jack” to manage his response to these triggers.




We have 2 touch systems; one recognises factual touch (e.g. strength and movement) the other recognises emotional touch

# Case Study

Recommendations that were implemented were.-

- Introduced techniques to support “Jack” to cope with transition times and alternative ways for “Jack” to release his frustrations, for example use of a 5-minute hourglass prior to changing activities to allow “Jack” to prepare for change.
- Activity planner to be completed with “Jack” to plan his day, and to be used as a prompt during every change of activity.
- Pictures of “Jacks” homes to be used during all car journeys as a prompt to support “Jack” to understand where he is going.
- Strategies implemented when he returned home from school, allowing “Jack” time and space to manage the change of environment, including parents withdrawing and giving him space, objects placed in entrance to house as a distraction.
- Increased use of communication book, to aid “Jacks” communication.
- Distraction techniques for use on bus journeys to and from school to support “Jack” when going past his other home and to prepare him for which house is he going home to that night.



People have approximately  
8000 tastebuds on their  
tongue.

# Training

GS Social Care offers group and 1:1 sessions around the following topics:

## Behaviour Management and strategies

*The nurse will provide advice and functional assessments of any behaviour issues including*

- *Challenging behaviours,*
- *Eating and drinking difficulties,*
- *Sleeping issues,*
- *Toileting issues,*
- *Medication issues or physical health concerns and/ or will liaise with external professionals should it be something that is out of RNLD's range of knowledge or experience.*

*The RNLD will provide support to put in place strategies within the home or school environment.*

## Autism, Learning Disability and communication training

*A 1:1 bespoke, person centred course to implement communication techniques for people with learning disabilities and/or autism.*

## Moving and Handling

*Safe and effective moving and handling of people.*

## Communication Approaches

*We will discuss and tailor make a communication programme which is synonymous to the young person's learning style. Using a total communication approach, we will create tools and resources to embed a communication method which works for an individual:*

*-Makaton signing*

*-PECS*

*-symbols*


*-objects of reference*

*-hand over hand learning*

*-vocalisations- tuning in*

*We can also assist with the creation of social stories, now and next boards, visual timetables, and research and implementation of most appropriate tools based on the level of need.*

For more information, please contact us on the following number: 01254 877755.



A large meal will temporarily make your hearing less sharp!