

# Case Study Vignette

## Community Care and Treatment Review in HMYOI

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# YP with Autism and no Learning Disability

## Community Care and Treatment Review in HMYOI

### Background

- Domestic Violence btw parents/ separation but YP states he was unaware of DV
- Maternal mental illness (bi-polar/ psychotic depression) with a few admissions under MHA
- YP violent towards mother at home, physically, emotionally and financially abusive towards her
- Developmental history problems at 12 months/ SALT at 18 months –unable to communicate needs/ angry outbursts as he became older
- Education history- x2 primary schools/ x1 secondary school suspended for 5 days and then received letter stating he could not return. Transferred to a PRU ‘kicked out’ in year 9. went to 2 more PRU’s then College. Had to leave College as was banned from entering area where College was.
- SEN statement for emotional and behavioural difficulties in 2007 by CAMHS (aged 8yrs)
- EHCP completed whilst at an independent college he was attending in 2015. They also commissioned a neuro developmental assessment which concluded Autism. They offered him a place until 19years of age. Still enrolled.
- Open to CAMHS 2007, then 2012 and 2013.
- Engaged with YOS since 2012
- Became Child Looked After (LAC) in 2014 under emotional abuse
- 2 breakdowns in Social Care secure placements due to assault and absconson –reported to lack social skills
- Anger management/ difficult to regulate emotions/impulsivity/communication difficulties
- Accrued 15 convictions, with his offending behaviour having begun in 2011 when he was 12 years of age
- Sentenced for GBH and Robbery and awaiting further sentence for assaulting prison staff (poured hot water on them as they entered his room). Also sustained stab wound to his hand following drug gang involvement
- **Autism diagnosed in 2015**
- **SALT assessment in 2015 –mild expressive difficulties**
- **Psychiatric assessment completed January 2016**

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### Issues

- Difficult childhood history, unresolved issues needing therapeutic intervention
- Due for release on 20 December 2016
- Vulnerability in HMYOI involved in **numerous violent incidents**. Diagnosis of autism means that he is unable to express himself and may find it difficult to engage with peers or staff because of difficulty accessing words to express his thoughts. He resorts to aggression to counter his vulnerability. He has said that he has been involved to protect his reputation and used weapons to protect himself as he has an injured arm
- Safeguarding incident raised following a restraint where he claimed staff had hurt his injured arm. LADO reviewed camera footage found that restraint was not inappropriate
- Consultant Psychiatrist concerned about inappropriate environment- feels he is better suited to a hospital environment that will be more sympathetic to his needs. If released into the community without any therapeutic intervention to help him review his behaviour, he also remains at risk of further violence in the community.
- No diagnosed mental health illness warranting detention under the Mental Health Act following on from psychiatric assessment and referral to a CYP secure forensic hospital unit
- Conclusion is that he will be released back into the community.
- CTR called for to plan his care and transition with Community agencies. (Due to assault on staff member, it may be that sentence extended beyond 20 December)

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### CTR held 14/12/16

Safety prison environment can not meet his needs in relation to his ASD. However, did not meet the criteria for In-patient Forensic and there are no other alternatives. YP is vulnerable within HMYOI: fights; restraint; injury; autism and his inability to read people; self-isolation. Must stay in HMYOI until 15/02/2016. The CTR process has no impact on the Criminal Justice System. However, in order to increase capacity to work with young offenders within the youth offending institute a recommendation is made that generic prison staff with limited skills in relation to positive behaviour support/autism are supported to access training. **Consultant Psychiatrist to have discussions with the management team (Need for dialogue/ work with our Criminal Justice Partners and sharing of resources e.g. 'Sentence Trouble' and 'Communication Trust' may have useful online training resources)**

### Care Now

Pieces of work still outstanding

- 1) ADL assessment (HMYOI lack OT input)
- 2) sensory assessment
- 3) health action plan
- 4) communication passport
- 5) health promotion activities (YP denies any usage of cannabis)
- 6) Carers assessment
- 7) plan for future education and update of EHC plan
- 8) clarifying benefit levels, DLA, PIP etc

### Plans for future

1. Accommodation –returning to live with mum would present risks
2. Functional Assessment –current network of professionals need support to have an in-depth understanding of YP. YP and mum reporting that they have not had support to understand Autism
3. Alternative therapeutic approach- traditional therapy settings may not be effective
4. Transition –YP will be engaging with adult services
5. Risk Management in the community
6. Physical Health- Injury to hand needs follow up- physio
7. College and gaining employment

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### ACTIONS

- The panel recommends intensive PBS/functional behaviour analysis within his community based environment over 4-6 weeks in a person centred way. This analysis should deliver robust information and tools that all agencies can use. It should deliver a suite of plans to enable him to be supported to remain safe within the community and support staff at his new placement help him to maintain it. CCG agreed to commission an Independent PBS Consultant . NHSE recommended one and made contact.
- ADL/sensory assessment - OT support to be sourced preferably now through bringing in OT support or on release
- Health Action Plan – Social Worker to follow up before release in Feb
- to complete Communication Passport
- Health Promotion activities – YOS worker to explore current options before release in Feb
- EHC Plan - A to continue to update this before release in Feb
- Carers Assessment – Social Worker and S to complete before release in Feb
- Benefits and DLA review – Social Worker to complete before release in Feb
- Transforming Care Discharge Planner and Independence Pack -Commissioner to deliver to Social Worker and YOS by 20/12/16
- Clinical reviewer recommended some services in north London that could potentially meet YP's needs. SW to contact and arrange assessments. Some way of showing the different services to YP is to be explored. The best option would be to arrange leave for a visit. This may be impossible but Dr HH and team will try. Alternatives include making a film of the various accommodation options and sharing with YP
- SW to inform future accommodation options of the plan for functional behaviour analysis to ensure their buy in.
- On release YP will immediately need
  1. contingency plan
  2. crisis management plan
  3. risk management plan
  4. transition plan
- the panel recommended a mentor with a shared experience of prison life and who is able to develop a relationship and challenge gang involvement. This mentor should work with him to address behaviours, encourage positive choices and positive educational outcomes. NHSE recommended one and contact details passed on to SW.
- Continue YOS engagement- will bridge whilst adult services form a relationship with him