Transition Planning and PBS Case study November 2019

X is a young man, who moved to England with his family as an Asylum seeker. He has a diagnosis of Autism and ADHD, and at the time of referral he had been living with his family in Y borough for 1 year after his last placement had broken down.

During this time X had been supported on an outreach basis during the day, spending a large portion of the day in a vacant property managed by his previous care provider. There were concerns that this environment was unstimulating for him and he wasn't afforded opportunities to engage in the community, nor have the active life style he enjoys.

X behaviour at times had created risks to those around him. At times these risks had led to X spending periods as an inpatient and to his previous placement's breakdown. His parents were critical of the previous providers approach of working with their son and felt that their practice and lack of understanding had led to an escalation in X's behaviour.

X is funded through continuing health care, and it was felt that the ethos, practice, track record and training of Outward would meet his needs.

1. Assessment

X was assessed by the Outward Team Manager and PBS Lead. The assessment was carried out by observing X while with his support workers during the day and at his family home. Information was also gathered from speaking with the family using an interpreter, his Clinical Behavioural Specialist, Social Worker and Community Nurse.

Following this assessment it was agreed a newly refurbished Outward supported living service (consisting of four one-bedroom flats) would be appropriate to meet his needs. A support package was agreed of 14hrs a day individual support and 8 hrs 2 to 1 support to enable him to access the community and live an active life, and sleep-in, in addition to a waking night staff. This level of support was to be reviewed every 6-8 weeks with the intention to reduce levels of support as PBS practise was embedded and X settled into his home.

2. Transition

The transition was planned in partnership between Outward, X's family, clinical behavioural specialist, social worker and the community nurse. Meetings were held weekly with all parties throughout the transition with a translator to interpret for the family, this ensured clear understanding and good communication and the flexibility to develop the transition plan dynamically based on X needs.

Week 1 – One member of staff was initially introduced to work alongside existing staff so X could have familiarity with staff when support started with Outward.

Week 2 to week 6 - new staff were introduced gradually to X keeping the familiarity of the staff member X had already met being the main staff on duty. Staff supported X during the day using the same timing as his previous outreach service to maintain consistency of X's routine.

Each day X would travel from the family home to the new service to introduce him to his new flat. Using this as a base X was introduced to new activities including trampolining, cycling, travelling into London and exploring his new community. Photos were taken of X engaging in each new activity on a tablet, these were shared with the family and used to engage X in planning future activities. These images have been expanded since his transition to enable him to make choices about his day.

During this time a Deprivation of Liberty application for X's support plan was made to the court of protection.

Week 6 to week 11 - Staff shadowed and started supporting X with his morning and evening routine. The hours he spent at the new service each day were extended so that X began to familiarise with spending more time in his

home. Family and staff started speaking to X about the service being his new home and key personal items were gradually moved over.

Week 12 - X moved in. It was explained to X the day before what would be happening and this script was repeated by family. On the day of the move X's routine remained the same going to the new scheme from home, and while he was out on his activity his father moved his belongings into his new flat.

3. Recruitment

A staff member from the previous provider who the family identified had a positive relationship with X was recruited to work for Outward.

A full team was recruited to work with X, they were specifically recruited based on the skills and attributes his involved network felt were important to X.

4. Training

For his support team, it was identified that in addition to core training, they would also complete: specialist Autism training and Positive Behaviour Support Training. Level 2 Positive Behaviour Support training including the use of de-escalation techniques was personalised to X and delivered in partnership, with Outward's PBS lead and the Behavioural Specialist from the resident's borough, to X's support team and his family to ensure a shared understanding and partnership in how concerning behaviours would be managed in the least restrictive way. An interpreter was also present X the training to interpret for the family.

5. Care and support planning

A care and support plan was completed for the transition period based on assessment and information from professionals as family. Before X moved this was updated using a person centred review approach. X's family (and an interpreter), staff who had been working with him and professionals met and shared some of X's favourite food and the family showed the staff how to prepare his favourite drink. In this environment everyone shared their knowledge of his likes, dislikes, his skills and things he found more difficult. Information was also shared around communication and skills teaching.

The care and support plan was written up by Outward staff and then translated for X's family. An interpreter was booked to meet with the family to go through the plan and record any areas requiring amendments or changes.

6. Impact on X's life since moving

6.1 STOMP & Assistive technology

Alcove sensors have been installed in X's flat; these are used by the waking night staff to identify when X needs support at night. This is the least restrictive approach to manage risks at night and means that staff do not enter the flat unless he is awake and has left his bedroom. The Alcove sensors were also a able to provide data that evidenced that X was sleeping well, this data was shared with the psychiatrist and the sleeping medication X had been prescribed is being reduced.

6.2 Promoting relationships & culture through assistive technology

How Do I? Stickers capture videos of specific tasks that can be played on smart phones. These were piloted to demonstrate how his Mum makes some of his favourite meals. These videos overcome the language barrier and ensure his Mum is included in his life, and that X is able to enjoy his favourite foods.

6.3 Reduction in DoLS through PBS approaches & assistive technology

X has sometimes chosen not to have medication in the morning, and the court of protection had approved the covert administration of medication. However, it was identified if medication was administered in a particular way he would readily take his medication without the need for covert administration. A video was taken of staff administering medication in the way that X likes, so that other staff could learn from this approach and means covert administration of medication is no longer necessary.

6.4 Reduction in DoLS through PBS approaches

The Court of Protection had approved the use of a two-person escorted walk. Since moving into his own home, this restriction has not been needed. This has been due to Outward's responsiveness to his need for specific staff and their commitment to provide effective positive behavioural support, based on proactive strategies.

6.5 Developing skills and independence through Active Support

Outward purchased a hot water dispenser so X can make hot drinks with less support.

-Stickers have been placed on his washing machine. He is now able to understand the stickers and can turn the machine on.

6.6 Best Interest

In line with MCA procedure, attempts were made to explain to X his Outward care and support plan in a way he understood. It was assessed that he didn't have the capacity to understand the decision he needed to make.

Two best interest meetings were held with professionals, his family and support staff to go through his care and support plan and carry out consultation that each area of this was in X's best interest and changes were agreed where least restrictive options had been identified.

Review - monthly meeting held to review X's progress and how he is settling in, key professionals, family (with interpreter) and staff attend. This is with the continuing need to ensure that any support received from Outward by X (and his family) is line with his changing needs and him developing new skills.

For more information about Outwards services please contact the business development team on info@outward.org.uk or call 020 8980 7101