



Where Autism  
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## Probation support for autistic people

For the last 5+ years [S J Teal Consultancy Ltd](#) has been contracted by the Hampshire Probation Trust and more recently the Community Rehabilitation Company (CRC) and National Probation Service (NPS) to support people with convictions who have an autism diagnosis or where there is a suspicion of autism. The service has also been called on from time to time to offer autism awareness training to probation personnel and other agencies associated with the probation service, and has presented a workshop about our approach at the International Care and Treatment of Offenders in Newcastle a few years back. It is our understanding that this type of service is not common throughout England in the community.

### Adults with an autism diagnosis

Autistic adults already diagnosed are referred to the service for further support and attend alongside their Offender Manager (OM) or Probation Officer. This means probation staff can learn more about autism and how to support the person they work with more effectively. The process that we use requires the OM to complete a referral form which is sent with information about the individual and their offence. In our first meeting, we then explain our service and agree a plan as to how we will work, usually for a maximum of 8 sessions. In some circumstances, it has been requested that we work with a client for longer to embed skills or further address areas that have developed throughout the sessions.

During the first few sessions we complete a Winnie Dunn sensory processing screening tool to establish the impact of how the individual's sensory processing may cause them difficulties, and how they manage in a variety of environments. This has been particularly useful when helping an individual understand, for example, how crowds, noise and movement of others can be highly agitating and consequently anxiety-producing.

The focus of these sessions is:

- understanding how the individual prefers to communicate
- how their sensory processing can affect them

- how some of their learned coping strategies can be counter-productive to being safe or lawful
- how to support the individual to not re-offend.

The individuals' bespoke programme is then outlined, using a direct teaching approach with visual approaches (for example mind maps, flow charts, schedules) at a pace the individual can manage, taking into account their speed of processing.

With many of these individuals, being directly taught emotional literacy, pro-social skills and practical coping strategies may be the focus of our sessions. Making an effort to include the OM and other agencies including adult mental health professionals and families (with their permission) has resulted in individuals feeling more supported, giving them an opportunity to practise the new skills with the support of others around them.

### **Adults without a diagnosis**

Alternatively, there are some people with convictions who do not have a formal diagnosis of autism, and it is the OM or others who may suspect that they are autistic. When this is the case, the OM completes an autism screening tool (currently the AQ test but we are looking at others) and then refers them to our service. Once we have received the referral, we will undertake a developmental history and complete a sensory processing screening tool. Having input from family members or other professional is sought if this has been agreed.

If we feel the individual would meet the criteria of being referred for an autism assessment, we will write to their GP, citing our observations and those of the OM, sharing the information we have learned thus far and recommend that they be referred. To date, only one person we have referred for assessment has not met the criteria for an autism diagnosis.

### **Case studies**

To illustrate how we work, we have used three case studies.

#### Case Study 1

Fred (not his real name) was referred to our service with a suspected diagnosis of Asperger syndrome, and was living in hostel accommodation having offended against family members. Fred was unaware of how his behaviour impacted on his family. Fred had difficulties understanding and managing his emotions, and lacked awareness of how "people noise" could overloaded his sensory system and made him agitated.

Alongside the initial assessments and developmental history, Fred requested to be referred for an autism assessment. We spent time with Fred, supporting him to understand how his sensory processing impacted him and how he felt as a result. We helped to teach him coping strategies to help him keep in control and self-regulate. Fred felt that he was more relaxed and calm when he had time on his own, without interruption. We supported Fred to communicate this

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(visually) to his family, something that was key to him feeling more in control, as was his input into developing other strategies he could use when feeling overwhelmed when out in public. Fred was able to begin to recognise different emotions after some direct teaching of emotional literacy, and when we finished the support sessions he took pride in beginning to look for and 'guess' other peoples' emotional states using visual clues. Fred was diagnosed as autistic and his family benefited from an opportunity to gain further understanding and support from autism-specific services.

### Case Study 2

Sue (not her real name) was referred to our service with an autism diagnosis, having offended through illegal drug use. Sue stated that she used drugs to better manage her anxiety, and although she had attended her local Community Mental Health Team (CMHT) they prescribed medications that she found helped but did not alleviate all her anxiety.

Sue was happy to work with us and her CMHT to better understand her anxiety, using a self-help programme that we were able to make more 'autism friendly'. Sue was able to better understand and manage her anxiety, thus making the need for illegal drugs redundant. Her sensory processing screening also highlighted the difficulties she had with crowded settings and she was able to better plan outings at times that she could manage her anxiety better.

### Case Study 3

Joe (not his real name) was referred to our service with a diagnosis of Asperger syndrome having offended by accessing illegal images on his computer. Joe had completed a Computer Sex Offending programme but stated that he did not find it helpful as he did not like being in a group and did not learn anything. The summary report made various recommendations that Joe's OM felt were important for him to understand - this gave us the outline for the direction his sessions took.

When presented in a visual manner, Joe was able to access the information that he needed to keep him and others safe. Joe was socially isolated and found developing any relationships a challenge, so he was supported to join an adult autistic support group where he could begin to learn more about social interaction.

Presently, the service has personnel who have extensive experience in autism from backgrounds in education, social care and the probation service. We would welcome an opportunity to share with other colleagues doing this kind of work and can be contacted via [email](#).