

COMPREHENSIVE FUNCTIONAL ASSESSMENT REPORT  
AND RECOMMENDED SUPPORT PLAN

Client Confidential

Date of Report: February 29<sup>th</sup>, 2008  
Referral Date: September 10<sup>th</sup>, 2007  
Period of Report: September 10<sup>th</sup>, 2007 – February 29<sup>th</sup>, 2008

Writer's Name: Fiona Whalley, Clinical Nurse Specialist

IDENTIFYING INFORMATION

Name: John Doe  
Date of Birth: June 23<sup>rd</sup>, 1989  
Address: 18, Pine Street, Any Town, Any County

Referral Source: Susan Anderson  
Social Worker  
Any Town Community Learning Disability Team  
Arundel House  
Any Town

REASONS FOR REFERRAL

John was referred by Susan Anderson, Social Worker with the Any Town Community Learning Disability Team for an evaluation. The purposes of the evaluation were to assist John in securing the educational services and programming which would enable him to develop and to use his capabilities, to get the most out of the educational opportunities that can be made available to him and to enable him to develop and to use his capabilities for more independent, normal living and more productive activity than his behavior problems presently permit. Accordingly, it was requested that the evaluation focus on these behavior problems, which were characterized as "Maladjusted Sexual Behaviors", and the type(s) of behavioral services, support strategies, programming, professional competencies and skills, and environments required to eliminate, minimize, or manage them.

Specifically, John is engaging in illegal sexual behaviors e.g. sexual acts with others in exchange for money or goods and sexual acts with minors. As a result he is at risk of losing his current living environment, community

integration, community presence and independence. He is currently suspected as presenting a risk to his siblings and some Social Services and Criminal Justice Service professionals believe he has the potential to offend, although he has no current convictions. He has a long history of being extremely vulnerable to many forms of abuse and his current behaviors increase his vulnerability. The referral requested that a comprehensive assessment be carried out to assess areas of risk and to provide comprehensive support plans to reduce the risk and improve his quality of life.

## DESCRIPTION OF ASSESSMENT ACTIVITIES

This assessment is based on information obtained from the following sources:

- A. Interviews with the following people:
  - Mr & Mrs Doe, Parents, in the family home on 12<sup>th</sup> December 2007 – two hours
  - John Doe, Consumer, at the Social Services offices on 16<sup>th</sup> November 2007 and 13<sup>th</sup> February 2008 – three and a half hours in total
  - Susan Anderson, Social Worker on a number of occasions between 16<sup>th</sup> October 2007 and 13<sup>th</sup> February 2008 – four hours in total
  - Mary Willis, Social Work student on a number of occasions between 16<sup>th</sup> October 2007 and 13<sup>th</sup> February 2008 – five hours in total
  - D T Keller – Police Public Protection Unit on 4<sup>th</sup> February 2008 – one hour
  - MC Smith – Sky Unit on 4<sup>th</sup> February 2008 – one hour
- B. Direct Observations of John in a number of settings, these included:
  - Maxwell's coffee shop, Any Town on four occasions – 5<sup>th</sup>, 12<sup>th</sup>, 19<sup>th</sup> November 2007 and 30<sup>th</sup> January 2008 – one hour each time
  - Gardening project run by Pine Volunteers, Any Town on 12<sup>th</sup> November 2007 – one hour
  - Social Services Offices at Any Town on 12<sup>th</sup> November 2007 – forty five minutes
- C. Review of historical reports and current Social Services records provided by Susan Anderson – eight hours. These include

previous family case conferences, school reports and details of family monitoring during times when the children were in care.

- D. Access to the following reports in addition to Social Services records:
- Report by Public Protection Unit (Any County Police) for Child Protection Conference held on 5<sup>th</sup> November 2007.
  - Report by Sky Unit – Sexual Exploitation Professional’s Information Report for Child Protection Conference held on 11<sup>th</sup> October 2007
  - Report by Sky Unit – Sexual Exploitation Professional’s Information Report for Child Protection Conference held on 5<sup>th</sup> November 2007
  - Statement of Educational Needs dated 1<sup>st</sup> September 1994.
- E. Attendance at case conferences / meetings held at the Social Services offices on the following dates:
- 26<sup>th</sup> October 2007 – Doe family Child Protection Conference – one and a half hours
  - 5<sup>th</sup> November 2007 – Doe family conference – one and a half hours
  - 10<sup>th</sup> December 2007 – Social Services meeting regarding John’s financial welfare – one hour
  - 4<sup>th</sup> February 2008 – MAPPA (Multi Agency Public Protection Agency) meeting – two hours
- F. Structured assessment regarding sexual attitudes – the “Is it alright to..... Questionnaire” completed with John at the Social Services offices on 13<sup>th</sup> February 2008 – forty five minutes
- G. A Reinforcement Survey completed during interviews with persons specified above.

## BACKGROUND INFORMATION

### I. Brief Client Description.

#### 2. General.

John is a young looking, eighteen year old male who is small in stature and has clearly defined features which are characteristic of Aarskog Syndrome. He has short black hair which varies in

length from shaven to about one and a half inch growth. When his hair is longer it forms a “widow’s peak” and often appears unwashed with little evidence of grooming. He has brown, widely set eyes and small inset ears which are set low on his head and protrude slightly at the upper tip. His facial features are flat in appearance and are compounded by a wide bridge of the nose. He has evidence of wispy hair growth on his chin which requires very little shaving and he suffers from slight acne in this area. He has small hands with long fingers with slight webbing between the digits. He is fifty eight inches tall, of slim build and weighs approximately one hundred pounds. He generally appears quite agile although he will sometimes limp and complain of pain in his hips. He is of British origin, having been born in Any Town.

He is diagnosed as having a mild learning disability. He is also reported to have Aarskog Syndrome, which is a genetic disorder (see medical section).

When I first met him he appeared a little anxious at first and avoided eye contact. He would answer questions I asked of him in a polite manner but did not elaborate on the answers. On the second time of meeting him he was much more relaxed, maintained appropriate eye contact and was willing to openly engage in conversation offering information about more personal issues, despite being in a public place. Each time I have seen him he has been dressed in slightly shabby casual clothing, mainly track suit bottoms and a thin jacket, which have generally been clean in appearance. He often complains of being cold and has never taken his coat off in my company leading me to suspect that he only wears a thin shirt underneath, which is not appropriate for the cold weather we have experienced recently. On a number of occasions he has appeared lethargic, low in mood and disinterested or preoccupied in thought. These occasions appear to coincide with him having consumed alcohol the night before and a poor sleep pattern. He reported that he sometimes stays awake all night and sleeps during the day.

He is fully ambulant and has a good posture. He has no obvious tics or stereotypical movements, although in the past he has been noted to rock to and fro at times of stress. He has no physical disabilities and displays good hearing. His eyesight is poor and he is prescribed glasses to correct his vision.

Unfortunately due to financial difficulties he is not currently able to purchase his glasses therefore he struggles to focus clearly.

2. Language and Communication Skills.

John has good verbal communication skills with English as his main language. He is able to communicate most of his needs with speech and uses a broad range of vocabulary. He is able to use complex sentences but struggles to pronounce longer words he is not familiar with. He also struggles on occasions to find words he wants to use e.g. “stuffing”, but he is able to describe what he means so the listener can help him find the right word. He also appears confused on occasions with his use of the appropriate verbs e.g. he said to me “do you think I *feel* terrible to you or just tired”. His receptive skills are also quite good and he understands multi stepped instructions, providing he is already familiar with the situation.

He appears to have difficulty asserting himself in some situations e.g. saying no to his family, due to lack of confidence, fear of reprisal and lack of skills in this area. In this type of situation John may not express himself adequately therefore becoming vulnerable to others or he may display verbal abuse and occasionally physically aggressive behavior. Physically aggressive behavior is not a behavior of significant concern and has been limited to fights with other children at school when he was much younger and occasional fights with his siblings. He stated that his siblings sometimes “wind him up”, which can result in fights. It is important to note that, considering the difficulties he has experienced’ his self control of physically aggressive behavior is relatively good.

He is able to use the telephone and owns a mobile phone which he changes frequently. I have noticed that even if he states he does not want to speak to someone on the phone he will still answer it if they ring, even if this occurs frequently. He appears to have difficulties saying “no” in this situation and has asked for help to stop certain people from ringing him. If he is helped in this area it tends to be short lived as he will readily give out his phone number again after he has changed it.

His facial expressions are congruent with his emotions. He has a good sense of humor and enjoys sharing a joke with others. He also appears to experience low mood on occasions and told me he sometimes cries and shouts when upset.

He will readily engage in conversation with others once he has spent a short while in their company. He likes to talk and will happily give information about himself, overly disclosing personal information on occasions. On the other hand he is sometimes careful about what he does disclose and will not speak about certain topics e.g. sexual behavior within the family.

C. Cognitive and Academic Abilities.

Records indicate that John has a mild learning disability. At school he was given a statement of educational needs in 1994 at the age of five. This meant that he required additional educational support and as a result attended a school for pupils with special educational needs.

A Wechsler Adult Intelligence Scale 3 (WAIS 3) has been completed within the last three months by Simon Johnson, Clinical Psychologist with the Any Town Community Learning Disability Team. John's full scale IQ is 63, Verbal IQ is 62 and Performance IQ is 72. The most significant result from the assessment was the Working Memory Index score of 51 which highlights a very poor long and short term memory. As John readily reports facts that have occurred in his life, some of which are proven to be inaccurate, this score may also indicate that John fabricates some of these facts.

The assessment results also show that he possesses some planning and organizational skills and is motivated to learn. It also highlighted that he clearly has rules.

His reading and writing skills are underdeveloped. He is able to print his own name for signature purposes. He can copy write and write short common words e.g. and, he, without assistance from others. His readings skills are also limited to the smaller more common words, up to about four letters in length, requiring assistance from others to read the more complex words. He does understand common signs i.e. stop, danger, in, out, toilets.

He tells me that he is able to count up to a hundred but this is not fluent and he does start to struggle in his teens. He does recognize coins, as money is an important factor in his life, and when presented with two money values i.e. ten and twenty pounds, he is able to tell me which has the greater value. He does not know how to calculate change from purchases and as

a result he is at risk of financial abuse, particularly in the social environment in which he mixes. He does not have a clear understanding of the overall value of money and believes it to be more valuable than it is i.e. he believes he can purchase a car for three hundred pounds.

He is able to tell the time and uses his mobile phone to do this, using the twelve hour clock format. He has a clear understanding of times of day in relation to events i.e. breakfast is in the morning, night time is when you should go to sleep, although he does get confused between am and pm. He can state the days of the week in order, he can state the months of the year in order but he is not able to identify which season we are in, although he does know their names. He understands the meaning of the word yesterday but does not understand the meaning of tomorrow, thinking it also means yesterday. He was able to tell me the current day of the week, the current month and the current time. He was also able to tell me that his forthcoming birthday in June is on a Monday. He does not arrive on time for appointments as he forgets and requires regular prompting. Even with regular prompting he may still turn up early. He is able to remember the days and times of forthcoming social events i.e. parties, that he is interested in.

He appears to have no accurate concept of measurement and looked blankly at me when I tried to ask questions about this. He did not understand the difference between inches and centimeters and could not understand length or weight of items.

Generally his short term and long term memory skills are quite poor but he can give the impression that he has a good memory by being able to clearly relate details of events that have occurred in his life. When these are investigated further they differ from his account in terms of detail and time scales e.g. the death of his maternal grandmother.

His concentration span can be quite good if it relates to a preferred interest although it can vary considerably in relation to some tasks and his emotional status. When he is worried about something he presents as quite anxious and at these times his concentration span is very poor. Similarly if he is very tired because he has had a late night or has been drinking alcohol the previous night his concentration span is virtually nil. If he is carrying out a non-preferred task he may require regular

prompting to stay on task. He can also be easily diverted from tasks. During a meeting we had he managed to stay fully on task for at least one hour. After this he began to get distracted and his behavior deteriorated to playing with milk portions, making silly comments, giggling and making up childlike jokes e.g. “what is black, white and red all over” – “a kettle,” which he thought were highly amusing. After a short while of these jokes and a short break I managed to get him back on task for a further thirty minutes. It is also important to note that at this time he also admitted that sugar made him “hyper” after he had had two cups of tea with four sugars in each!

He can be extremely observant to the extent that he can identify a particular activity that is occurring and can report details about this event with clarity. An example of this occurred when we were recently in a cafe in Any Town. As we were leaving the cafe John told us that a particular car had driven past on three occasions, he pointed this out when it drove past again. He had observed this fact even though he had appeared to be engaging in conversation with us.

John admits that his academic skills are not well developed and understands how this impacts on him, especially in relation to financial issues. He told me that he wants to learn more. He has also reported this to others in the past.

D. Self Care Skills.

John requires quite a lot of help with his self care skills. He is able to carry out the basic skills that he needs to function, without additional help or prompting e.g. dressing, toileting and eating. He generally appears appropriately dressed, although not always suitable for the weather conditions. He uses a knife and fork correctly to eat in a well mannered way.

His hygiene skills are quite poor as he requires prompting and some physical assistance to carry these out. He states that he cannot reach his back to wash, that he is unable to regulate water temperature and he needs someone to help him shave. His parents agree that he does need assistance in these areas. He also states that his parents rarely provide him with the help or prompting he needs therefore he is not able or motivated to look after his own hygiene needs. He stated that he does not clean his teeth and hasn't done for a long time as there are no toothbrushes in the house, this has also been noted on previous

occasions by Social Services visits to the home. He does present as slightly unkempt on occasions and sometimes has body odor but this is not excessive.

E. Domestic Skills.

John clearly does not like and is not motivated to carry out domestic chores. It is difficult to ascertain who carries out the chores in the house as John says that he does the tidying up but then admits that the house is untidy most of the time. When visits are arranged to the house it appears quite neat and tidy in the downstairs rooms. John has previously complained to Social Services staff on a number of occasions stating that his dad makes him do everything in the house. When questioned further this means he asks him to take the garbage out and make cups of tea. Past reports also indicate that John and his siblings have been told to scrub walls / floor when faeces has been found on them.

He stated that his mum washes up and does the clothes washing but no one does any ironing. He is able to do simple chores with prompting e.g. tidy things away, dry dishes but he chooses not to where possible. He admitted that he sometimes wears dirty clothes. He is not able to do more complex tasks like ironing, using the washing machine or hoovering. He was very honest about his approach to domestic chores and this information was backed up by his parents.

If he is hungry he is able to make himself simple snacks e.g. pot noodle or a sandwich, if food is available in the house. He is able to use a microwave to heat up simple snacks and he is able to make hot drinks. He is not able to cook more complex meals without support. He did state that given a choice he would eat healthily as he feels this is important.

F. Community Skills

Due to his lifestyle John has had to learn to cope in community environments to be able to survive. Unfortunately these coping skills are quite limited and leave him vulnerable to exploitation.

His telephone skills are good, he carries his own phone and he knows how to contact the police in case of emergency, as he has done so on a number of occasions in the past.

His road safety skills are also good and he was able to demonstrate how to cross the road safely. He also reports that he used to have a pedal cycle and was able ride this safely around town. I have no confirmation of his safety skills regarding the use of a pedal cycle as I could not establish if he has taken a cycling proficiency test, therefore this is an area that would require further investigation.

He is able to use public transport to get himself around town e.g. buses, taxis and trams. He is not able to use a timetable for buses but has learned common routes by asking others and by experience. He does not currently have any need to use trains for longer journeys and has no experience of using trains. He is also willing, if not feeling tired, to walk fair distances to get himself from A to B and he can state the health benefits of doing this.

He is able to use a variety of shops to make purchases but, as previously mentioned he has no real concept of the value of money and is not able to check if he has received the correct change. He has regularly used a cash converter shop to pawn his possessions, when short of money, but his understanding of the disadvantages of this are limited and he rarely buys his possessions back due to lack of funds.

In the past he had a bank account with the Post Office which had a cash card. He required some assistance to deposit and withdraw money and he readily gave out his PIN number to others, including family, friends and acquaintances. This behavior in addition to him over divulging personal information and publicly showing off new possessions e.g. mobile phones, have left him extremely vulnerable to regular thefts of his possessions. His parents previously had control of his finances as they arranged to have his benefits paid into their account and issued him with small amounts of spending money on occasions. As a result of this he has made many reports to Social Workers about having no money to feed and clothe himself. In January 2008 Social Services have become appointees for his money and now issue him with his weekly benefit cheque at the Social Services office. He is having great difficulty with this at present as his family are continuing to make heavy demands on his money and John is not able to assert himself to say "no".

John is able to find his way around his local area very well and tends to spend a lot of his day wandering around, looking in shops, walking around the area or hanging around with acquaintances in local bars. He does not appear to recognize the dangers of interacting with strangers in local bars and is extremely vulnerable in this respect. He will readily give out personal information or leave the premises with people he has just met, especially if he is promised something in return i.e. money, food. He does not currently have any age identification but states that he needs some as he is not able to get into some of the local bars / nightclubs. He has recently asked how to get a passport or driving license believing that he can easily purchase these from a shop.

He is extremely unrealistic about his abilities in life believing that he will easily get a high profile job i.e. policeman, or own his own company. He also talks of learning to drive believing this will be easy so that he can get himself a good car. He says he is currently saving up for a four wheel drive quad bike to drive around town. He also reported that when he gets a house he will turn part of it into a pub. On different occasions he reports different aspirations as if plucking them from the air.

G. Recreation and Leisure Skills.

John's current financial situation significantly limits the activities that he engages in and he often expresses that he is bored, sometimes staying in bed for long periods during the day. His current recreational activities involve watching T.V., playing games, preferably those involving characters with knives and guns, on his computer games console, going to the local Reds and Blues club for young people with learning disabilities on a Sunday night, going to local gay bars / nightclubs and occasionally playing snooker / pool with his father. His stated his favorite things to watch on TV are horror films which he watches late at night. In the past, as recent as 2003, he told Social Workers that he found films of this nature upsetting. Reports indicate that his parents and siblings also watch films deemed "18" certificates, either due to horror, violence or pornography. The children have been exposed to films of this nature from an early age. Other T.V. grams in that he enjoys are the popular soaps i.e. Coronation Street, Eastenders, Emmerdale and The Bill. He likes watching the James Bond films and sees him as a hero. He also enjoys watching football.

John stated that his favorite activity was going to nightclubs although he has been banned from some, partly due to the reputation he appears to have developed connected to maladjusted sexual behavior and partly due to the fact he has no identification or is too young to gain entry. He admitted that he sometimes drinks too much alcohol when he goes to the local gay bars / nightclubs.

He does not currently have any particular hobbies but he said that he used to enjoy working on his pedal cycle. He also used to enjoy amateur dramatics which he did with an organization called Rainbow which provides supported activities, including leisure and work, for young people with learning disabilities. He told me that he is interested in doing this again.

Other activities that he enjoys doing but has not been able to do for a while include: swimming, go karting, mini moto cross, Bingo, going to the gym, karate, visiting Any Town Tower and going to the local amusement Park, but not on the fast or high rides as he has a fear of heights. He appears to have quite a limited repertoire of activities that he enjoys possibly due to lack of opportunity to try out new activities. He said he has always fancied trying fishing and he would love to go on a holiday as he has never been abroad.

H. Social Skills.

A school report from 2003 described him as an unhappy boy who had difficulties relating to his peers and was prone to quickly resorting to name calling. It highlighted that he was unable to accept responsibility for his behaviors, often blaming others. This appears to have been a common trait reported about the family in general and he continues to have difficulties in this area. It also stated that he related better in 1-1 relationships rather than in group situations and he was polite, helpful and pleasant to staff. In my interactions with John I have always found him pleasant to be with, polite and courteous.

He does not currently have any close friends but he does associate with a number of acquaintances in the local bars. He appears to interact easily with these people and new people that he meets in these environments.

He does have some good friends from school that he interacts well with on the odd occasion that he sees them. I witnessed

him recently coming into contact with a young man called Sabine who he knew from school. He greeted him like a long lost friend and they spent time catching up in an appropriate manner. This was a brief meeting and unfortunately they do not keep contact at other times. John does not make attempts to arrange to see people or keep in touch with friends like this unless they have a chance meeting. He does occasionally see some friends from school at the "Reds and Blues Club" which he seems to enjoy.

Interactions with his family are on the one hand strained but also dependent. The family unit has had many problems over the years and has not provided a loving supportive environment to enable the children to develop. These problems have included neglect, physical, psychological, financial and sexual abuse. John appears to have been the main victim of physical abuse from his parents, resulting in many allegations of physical assault. The sexual abuse is enmeshed in the family between the siblings and the origins and full extent of the problems are unclear. John does not have close relationships with his siblings and expresses that he is jealous of the love and attention they receive from his parents. He reports that he is the one who doesn't get attention, doesn't get any money or doesn't get fed properly.

He reports that he does not like his brothers and sister except for his brother Richard who is four years younger than him. He has regular confrontations with his siblings, some of which result in physical aggression. He regularly says he dislikes living at home with his family as they take his money off him. When I asked if he would visit when he moves away from home he said he would visit once a week.

He does not have any loving personal relationships with members of either sex, although he has shown some interest in females, stating that he wants a girlfriend but doesn't really know how to develop this type of relationship. Most of his sexual encounters have been with males he has met in local bars. These have included abusive relationships and relationships based on sex in exchange for drinks and money. John was raped in 2004, aged fourteen, by a fifty nine year old known sex offender from the Any Town area. This resulted in a conviction. He has reported further assaults of this nature but police have not pressed charges believing that John has been

consenting to some degree. Reports highlight that John has reported to Social Workers and other professionals that he doesn't like sex with men. In early 2007 he stated "he is not gay and prefers girls".

The conviction for rape and other reports that John has made have resulted in him making enemies in the Any Town area. John and his family have been threatened that if they report certain incidents their house will be burned down. John is fearful of two brothers, Stephen and Mike Fox, who live in the locality and visibly shows this by his facial expressions and being restless and edgy if he feels they are looking for him.

II. Living Arrangement and Family History.

John lives at home with his family in a terraced property close to the town centre, which is one of the more deprived areas of Any Town. The house is a rented property which is currently at risk due to non payment of rent. It is a five bedroom house on three storey's, with two bedrooms in the attic. It has two reception rooms and an ample sized kitchen and a bathroom.

The home is quite a large property with a small back patio. It appears to be in a poor state of repair with some broken windows in the upstairs rooms. It appeared to be tidy when I visited with washing piled on chairs in the living room. John does not have a bedroom of his own and often sleeps on the sofa in the living room or stays awake all night and sleeps in one of the other children's beds during the day. Apparently he does have a bedroom allocated at the moment in the attic but he is fearful of sleeping in this room, possibly due to comments his uncle made about someone dying in that room.

The family declined to allow me to visit the upstairs of the property when I visited. The Social Work report from 2003 highlighted a significant difference between the upstairs of the family home and the downstairs. It stated that the toilet was not connected and overflowing with faeces, there was no bedding on the beds and no toothbrushes in the bathroom. In response Mr Doe said that there was no bedding as the children rip the sheets.

There are a large number of animals within the home, these include: two dogs, three cats, two chipmunks, four baby lizards, two turtles, one snake, six bearded dragons, eight birds and two goldfish. It appears that his parents like keeping animals and will spend a considerable amount of money on these. The recent additions are the dogs which

cost two hundred pounds each of which John was asked to contribute half even though he did not want a dog. The house has a peculiar odor which is a combination of animal smells and stale urine. Most of the children have had some problems with bedwetting at some point and it is believed that the younger children still do. John also continues to have the occasional bedwetting accident at times of stress.

John was born at full term with no complications reported during the pregnancy. He achieved the developmental milestones with only a short delay. Reports made by his mother regarding his early years indicate that he was a difficult child and engaged in self injurious behavior from the age of two. This involved banging his head on hard surfaces. It appears that these behaviors only occurred when he was a young child and are not present today.

John lives with his parents, Nigel and Michelle Doe. His mother is thirty six years old and his father is now fifty nine. John is the first child in the family and was born when his mother was eighteen. Since then she has had a further five children, one of whom died as an infant. She has a long history of depression and reports also indicate a possible eating disorder due to significant unexplained weight loss. Mrs Doe has told professionals that she also spent some time in care as a child and had an unhappy childhood. She regularly takes Cannabis and does not currently work having left her job at a bingo club some years earlier. She has a previous conviction for theft. His father was a driver in the army for twenty years. He then spent some time driving coaches and was also a caretaker at a school. He is now retired. Mr Doe also reports having an unhappy childhood and "feeling scapegoated" by his family. His father and mother both like to go out at night, sometimes into the small hours, to the Casino. Mr Doe also plays snooker twice a week, without fail, and has done so for at least fifteen years.

He has three brothers and one sister all of whom usually live at the family home. His sister Diane was the next born and is now aged fifteen. She is the only child in the family who does not appear to have a learning disability but she has displayed challenging behavior which is currently deteriorating due to her mixing with specific groups of people. His brothers are Richard, aged fourteen, who is diagnosed with Aarskog Syndrome, learning disability and Attention Deficit Hyperactivity Disorder; Andrew, aged eleven who is diagnosed with Aarskog Syndrome and Ben, aged nine, who also has a learning disability. In November 2007 Richard was removed from the family

home and taken into care following an alleged sexual assault on his younger brother Andrew.

Reports indicate that John also had another brother, Peter, who was twelve months younger than him. When John was one year old he pulled a blanket off the sofa. His three month old baby brother was on this blanket and fell on the floor as a result. He died of his injuries and John has been blamed by his parents for this event. In 2006, when John was sixteen, his brother, Richard, told others in the neighborhood that John had killed his baby brother. This resulted in John becoming the target of local gangs who called him a "child killer". The family home was targeted by these gangs attempting to get at John and he was afraid of leaving the home. The family needed to move from the area following this. Recent reports indicate that due to many years of blame by the family John believes that he did kill his baby brother.

The Child Protection report from 2003 indicated that John was disliked by the entire family, possibly with the exception of his father. This was felt to be because they blamed John for the death of his brother. Reports also indicate that the other children used to call him "Alien" and isolate him. This appears to have impacted significantly on John leaving him feeling unloved and lacking in self esteem.

Out of all his siblings John appears to have the best relationship with Richard. John maintained regular phone contact with him throughout his recent period in care. John appears a little fearful of Richard even though he is younger than him. Richard is of bigger build than John and John is aware that he can be quite aggressive and destructive at times. Mr and Mrs Doe have also reported to Social Workers that they are fearful of what Richard may do. His worst relationship with his siblings appears to be with his sister, Diane. As she is now older she will stand up to John and this can result in physical fights. In my presence he rarely mentioned his other brothers.

John has quite a large extended family on his father's side. His father has four brothers, all with partners and children. His father has also been married previously and has three children, two males and one female, from this marriage who are now in their late thirties or early forties and have children of their own. Mrs. Doe was an only child. Most of the extended family still reside in Any County.

Throughout his life John has lived in a number of locations. In 1990 Mrs. Doe requested support to help her with John and Peter as she was not coping. Allegations were made of physical abuse to John, by

his father, in 1993 which resulted in his parents requesting that he was fostered. From the age of four he has spent periods in and out of foster care. The first period was from October 1993 to April 1994. In July 1994 his parents requested that he was adopted. At the age of six his parents requested weekend respite as they reported that they were finding it difficult to cope. At the age of eight he moved with his family to Chorley, Any County for a twelve month period. At the age of eleven he reported his father for physical abuse, for which Mr. Doe received a police caution. This resulted in John and his siblings being placed on the Child Protection register and being placed in a number of foster placements, including some time with his paternal grandmother, for a period of five months from June to October 2000. Some of these placements broke down due to allegations from John or his parents that he was being bullied by carers. Since this time all the children have been placed into care on a further two occasions, once in 2003 from March to November and the other in 2005. These followed further allegations of neglect and abuse from parents as well as information which came to light regarding John's sexual behavior at school and in the home. The children were placed on the Child Protection register during these times. The three younger children still remain on the register.

In 2005 Social Services arranged a series of weekly contact sessions for a period of assessment whilst the children were in care. This involved the parents meeting all the children at a Social Services assessment centre on a weekly basis to monitor their interactions with the children. After a number of months Social Service decided that they were satisfied that the parents were able to take the children back home.

In late 2005 John's parents split up and John and Richard went to live with their father. John reports that he disliked living with his father as he bullied him, made him do jobs, treated him like a child, didn't let him out and gave him no money. Eventually his parents got back together and have now lived at their current address since 2006.

The family life has been marred with negative factors including neglect, abuse, lack of boundaries and direction, conflict, relationship breakdowns and fear. The children have been left to fend for themselves on many occasions, have been locked in rooms as a way of control, they have experienced poor hygiene and sometimes been left to go out without shoes or take food off the floor. John has experienced name calling from all family members, being labeled "thick or stupid".

The family reputation in Any Town is very damaged. Police involvement is immense and within the last twelve months there have been at least thirty incidents when the police have been called out. These include: children missing from home or refusing to go home, theft, damage to property, sexual assaults, physical assaults and threats of physical harm from others. The family lifestyle has been chaotic and the impact this has had on John is enormous

III. Daytime Services Received and Day Service History.

John attended Bull Hill Road Nursery / Infant School from the age of four to six. In 1994, aged five he was given a statement of special educational needs. In 1996 the family moved to Chorley and he transferred to Spinney Primary School in Chorley until 1997. In 1999 he commenced at Wilton School in Any Town which is a school for individuals with special educational needs. I was unable to establish where he was in 1998 as there seems to be a gap in the educational records.

A school report from June 2003 said that John had good attendance, worked well, stuck to tasks, appeared less disruptive than in the past and was more aware of routines. Another school report from 2004 stated that he had difficulty acquiring concepts and retaining information and that his concentration was poor. It also highlighted delayed social skills and poor understanding in this area, especially in relation to consequences and danger. More positively it indicated that he had responded well to a positive reward system at school. Some bullying had been reported at school but I was unable to establish further details.

In January 2005 he began a two week work experience allocation from school. This involved stacking shelves at Wal-Mart's supermarket. He required constant supervision and motivation to stay on task in this role but he reports that he enjoyed it. In October of the same year he applied to the local college for extra education in English and Math. He commenced in September but his attendance was sporadic and he eventually left. It transpired that he was being bullied by the brothers he is fearful of. He was encouraged to re register for the following year.

In July 2006 he secured a place with Pine Volunteers at a gardening project. He required 1-1 support on this project from a group called Reliable Hands. He requested a male volunteer as a preference. Reports described him as lazy and unmotivated in the gardening

project. One day he turned up at the gardening project with a knife. On reading reports I discovered this was a multi tool with a knife attachment. When he was interviewed at the time of the incident he said he was carrying it for protection as he was a witness in a case and had been threatened two weeks earlier. The organizers deemed him too high a risk to other participants and banned him from the project. John recently expressed further interest in this project and attempts were made to provide reassurance to organizers about supervision to mitigate the risk but they are unwilling to give him a second chance. When I discussed this incident with John he told me that he got the knife from home as his dad had knives and guns. He also said he was trying to emulate his hero, James Bond, and it made him feel safer and more important. John now knows that this behavior is wrong and stated he won't do it again.

In September 2006 he commenced college again. A report from January 2007 stated that he finds English and Math hard and requires the use of a learning mentor. When he was visited by his Social Worker in August 2007 he proudly showed off a number of certificates he had received at college. These included: Skills for Life, Introduction to Word Processing, Internet and e mail, Health and Safety, Interview Skills and Adult Literacy. He has expressed an interest in catering.

In May 2007 he registered with Interchange which is an organization which tries to secure work placements for individuals who require some additional support. They felt that he is not yet ready for work and will need a lot of support. He is also registered with Friends Recruitment who support people with learning disabilities to secure work placements. So far they have not found anything suitable for John. It is recognized that he will require a lot of support initially in a work situation.

He currently has no regular activities to do during the day and spends his day wandering around the town centre, sleeping, watching T.V. or occasionally visiting the Social Services offices to meet his Social Worker or pick up his benefit cheque. He regularly says that he is bored and needs something to do. He talks about getting a job, stating "he desperately needs one to earn some money". He has recently applied for a job at McDonalds, with support to complete the application form, but did not get an interview. John appears to have a very unrealistic view about what he can and can't achieve, believing he could do any job.

#### IV. Health, Medical and Psychiatric Status.

John is extremely health conscious, almost hypochondrical. He has an inherent fear of death and believes he will get a serious illness that will kill him. His told me his maternal grandmother died of cancer on his fifth birthday. He says he misses her very much as she used to take him out to places. Reports indicate that she actually died in 1990, when he was one. His mother has also had cancer but has recovered. He tells me that he knows of other people who have died and he doesn't like it and it scares him when people die on T.V. He believes that he has cancer or "immonia", the word he uses for pneumonia, and requires quite a lot of reassurance to understand that it is highly unlikely that he has these conditions. He complains occasionally of pain in his chest which he believes is pneumonia. Further questioning about this appears to link this problem to food and therefore possible digestive problems. He has attended the health clinic about this problem and has been told it is nothing to worry about but this does not appear to have alleviated his worries. Despite his concerns John appears to be in quite good health.

John is diagnosed with Aarskog Syndrome but this has not been confirmed by genetic tests. John does not have all the symptoms but his features are characteristic of this syndrome. It is an inherited disease characterized by short stature, facial abnormalities, musculoskeletal and genital anomalies. It is believed to be an X linked recessive genetic disorder therefore mainly males are affected. Its symptoms can include:

- Mild to moderate short stature
- Possible delayed sexual maturation
- Specific facial features including: rounded face, wide set eyes with droopy eyelids, eyes have downward slant, small nose with nostrils tipped forward, underdeveloped mid portion of the face, wide groove above upper lip, crease below lower lip and top portion of the ears folded over slightly.
- Small broad hands with short fingers and toes, mild webbing and simian crease in palm
- Hairline has a widows peak
- Delayed eruption of teeth
- Protruding belly button
- Mild to moderate learning disability
- Inguinal hernias
- Mildly sunken chest

- “Shawl” scrotum, undescended testicles

Prior to 2003 he had suffered from several hernias and has had surgery for these. I was unable to establish exact details about this condition. Being prone to hernias is a symptom of Aarskog Syndrome.

His diet is poor which worries him as he believes he should have a healthy diet to keep well. He told me he buys fruit to eat at home but his parents give it to the other children. He has no money to buy himself proper meals and will sometimes go for long periods on snack food e.g. cereals, as he reports that his parents don't make proper meals and feed the other children before him. Social Services reports state that the family children have been caught on more than one occasion scavenging for food in bins or off the floor at the amusement Park. John reports that he has sometimes left bars in town with strangers because they have offered to make him a proper meal.

Mr. and Mrs. Doe have been neglectful in attending to John's health needs therefore he has not had regular check ups as required. On at least three occasions Social Services have had to intervene to advise his parents to arrange medical help for him as a result of accidents he has had. One of these involved him being hit by a car and needing to go to hospital. When his parents were asked to take him they reported that they were just going out and therefore couldn't take him.

Reports indicate that since John turned eighteen he has been drinking more alcohol and as a result a deterioration in his behavior had been noted. In my last meeting with him he told me that he wanted to stop drinking alcohol as it was bad for his health. He says that sometimes he feels bad after drinking alcohol and the morning after he feels dizzy and is sometimes sick. He was able to inform me that it could damage his liver and his stomach. I believe that John is genuine about this as he appears very health conscious and has fears about getting a serious health problem. He told me that he used to smoke but gave up on 9<sup>th</sup> December 1995 as he was worried about the effects it would have on his health. He also stated that he has never taken drugs.

He does have a prescription for glasses waiting at the opticians, as his eyesight is poor without glasses, but his father will not give him money to get his chosen glasses. He will also rub his eyes from time to time and has stated that he has cancer in his eyes. His hearing is reported to be good.

He has not visited the dentist for a long period. He does not suffer from any pain but his teeth are a little crooked and he states he would like them straightened.

He also appears to suffer from some joint problems and complains about his knees and hips. This may also be related to Aarskog Syndrome as musculoskeletal problems are a feature. On occasions he will limp quite badly.

He does not appear to understand and / or acknowledge the risks to his health in relation to his maladjusted sexual behaviors.

He has not required a psychiatric assessment and does not present with any significant mental health symptoms. He does present with some anxiety in relation to his health problems and also reports having recurring nightmares about jumping off a cliff or being crushed. He also states that he is afraid of the dark.

John believes he is allergic to mushrooms and cheese and avoids them as a result. Medical reports from school indicate no known allergies but certain foods, especially those containing certain E numbers and sugary items, can cause hyperactivity.

He does not take any regular medication.

V. Previous and Current Treatments.

John has received very few treatments over the years and those he has received appear to have had little benefit.

School reports indicated that he responded well to a positive reward systems. No further information was available about this.

There is evidence in the records that the John and his siblings have been more settled in the past when in care with foster families. I have no further evidence regarding this but it highlights that they can develop and adhere to boundaries in different environmental circumstances.

Sky is a group which provides support for young people under the age of eighteen who are in "at risk" situations or victims of abuse. It is jointly run by the police and Social Services. They have been involved with John on a couple of occasions to provide him with counseling and education. He received education in the form of sexual health and

relationships, the risks involved in his behavior of approaching strangers and his attitudes to sex. He received support and counseling following two alleged sexual assaults in 2007. He was discharged from the service in June 2007 as he is now too old to receive support from them. The report indicated that John consistently failed to learn from their input and education.

He has also been supported by a group called Interchange. A sexual health worker in this group did a lot of educational work regarding sexual health and relationships with John and reported that he showed a good knowledge in this area. Interchange then referred John to the Any Town Learning Disability Team.

I carried out a screening assessment with John regarding his attitudes to relationships including sexual relationships. This tool is called the "Is it alright to.....?" Questionnaire. It asked John in a structured format a number of questions to consider different types of relationships e.g. male / female, two males and adult / child, in different circumstances e.g. strangers, family and lovers and rate what he feels is appropriate to do in these relationships e.g. hold hands, kiss, have sex. John did understand the questions as I checked this out carefully beforehand.

The results strongly indicated that he believes that under no circumstances was it alright for a man and a child to hold hands, kiss or have sex. On the other hand with the exception of strangers he believes that it is alright for a woman and a child to have sex. This wasn't as strongly felt though as a few of the answers were maybe rather than a direct yes. It also revealed that he quite strongly believes that it is alright for two children to have sex. His answers regarding adult relationships i.e. man / woman, two men or two women were wholly appropriate.

With regard to family members he said it's not alright for aunts, uncles, grandparents and parents to have sex with nieces, nephews, grandchildren or their own children. He also stated that it was not alright for two brothers to have sex but it was alright for a brother and a sister to have sex.

Finally we discussed staff in a residential home and their interactions with each other and the clients. He consistently said that it was not appropriate for these to hold hands, kiss or have sex.

The answers are quite interesting and revealed his attitudes and beliefs some of which appear to be consistent with his behavior. The

results also highlight that John may sometimes continue to see himself as a child, especially in relation to abusive relationships. This is an issue that has been raised recently with his Social Worker and John has had to be prompted to remember that he is now an adult.

His very strong answers to sex between a man and a child possibly relates to the feelings he has associated with the rape he experienced and the further assaults he has reported. Similarly the strong no in connection with two brothers is interesting. This may be because he is denying this behavior as he knows it is wrong or that he genuinely has not assaulted his brothers and that it is Richard that is the perpetrator of this behavior. When I asked him directly if he had assaulted his brothers he said "no". In Social Services reports there are no direct references to assaulting his brothers but there are about his sister. According to the results of this questionnaire he believes that it is alright for brothers and sisters to have sex.

The other interesting result is that he believes it is alright for a woman and a child to have sex.

## FUNCTIONAL ANALYSIS OF PRESENTING PROBLEMS

A functional analysis was conducted for Maladjusted Sexual Behaviors. Accordingly, this analysis endeavored to identify the events that control the emission and non-emission of these clinically important problems. It is therefore organized around six specific subcategories of analysis: (1) Description of the Problem. This analysis attempts to describe the presenting problems in such detail that they can be objectively measured. It presents the topography of the behavior, the measurement criteria for quantifying the rate of occurrence and episodic severity of the behavior (as applicable), the course of the behavior, i.e., how it progresses during an event, and the current strength of the behavior (i.e., the behavior's current estimated rate of occurrence and degree of episodic severity). (2) History of the Problem. This analysis presents the recent and long-term history of the problem. The purpose here is to better understand John's learning history, and the historical events that might have contributed to the problem(s). (3) Antecedent Analysis. The antecedent analysis attempts to identify the conditions that control the problem behaviors. Some of the specific antecedents explored include the setting, specific persons, times of the day/week/month, and specific events that may occur regularly in John's everyday life. (4) Consequence Analysis. The consequence analysis attempts to identify the reactions and management styles that might contribute to and/or ameliorate the presenting problems. It also focuses on the effects that the behaviors might have on the

immediate social and physical environment, on the possible function(s) served by the problem behaviors and on the possible events that might serve to maintain or inhibit their occurrence. (5) Ecological Analysis. The ecological analysis attempts to identify the critical mismatches that may exist between the physical, interpersonal and programmatic environments and John's needs and characteristics. (6) Analysis of Meaning. The analysis of meaning is the culmination and synthesis of the above analyses and attempts to identify the functions served by the problem behaviors. The functional analysis of "Maladjusted Sexual Behaviors", organized around these headings, follows:

A. Description of Behavior and Operational Definition.

1. Topography.

The target behavior referred to as "Maladjusted Sexual Behaviors" takes the following forms:

- 1) John engages in sexual acts with adult male acquaintances or strangers in exchange for money or goods. These sexual acts may range from masturbation to anal penetration depending on the choice of the other party. They may occur in public places i.e. toilets or at a place the other party decides upon i.e. their home. Sexual acts may take place with one person or with more than one person at a time.
- 2) John may introduce other vulnerable people i.e. children, people with a learning disability to the men he engages in sex with. This can involve taking vulnerable people to locations in which he engages in sexual acts with males or taking these males to places where they can access vulnerable others i.e. Reds and Blues club.
- 3) John attempts to or actually engages in sexual acts with vulnerable others i.e. siblings. This involves some element of cooperation by both

parties as opposed to force even though minors are legally not able to give consent.

- 4) John may allow or instigate the recording of a sexual act onto video or mobile phone.

## 2. Measurement Criteria.

### a. Occurrence Measure (Cycle: Onset/Offset).

Onset criteria begins at midnight and offset criteria ends twenty four hours later.

An occurrence will be recorded when home staff, family, or professionals e.g. police, Social Worker, therapist, educational facilitator become aware of one or more, in any combination, of the topographies occurring either through visual or auditory means, from third party reporting, or if John self reports that he has engaged in one or more of the behaviors. An event will also have occurred if there is substantial evidence that John has gained access to unexplained money.

The incident will be recorded, for the purposes of measurement in the grams in, on the day it was reported rather than going back to the day it actually occurred.

### b. Episodic Severity Measure(s).

Episodic severity should be measured using a four point scale and rated at the highest level per twenty four hour period and collected on a daily basis. The scale below represents severity in terms of risk to self and vulnerable others.

Level 1 - John engages in a sexual act with a person he already is acquainted with, in exchange for payment.

Level 2 - John engages in a sexual act with a stranger, in exchange for payment, or engages in a sexual act in a public place i.e. public toilets.

John allows or instigates videoing of the sexual act.

Level 3 – John engages in a sexual act with more than one person, in exchange for payment, which involves going to a private location of their choice.

John attempts to steal money from these men when they are asleep.

Level 4 – John engages in sexual acts with minors or introduces other vulnerable people i.e. siblings, other learning disabled people, to sexual interactions with adult male acquaintances or strangers.

3. Course.

**Typical course**

John goes into a gay bar / nightclub in town or loiters outside. John is approached by a male who may then buy him drinks and offer him money, goods or food as an incentive to have sex with him. John may also approach others and offer sex in exchange for money. They may have few drinks together or may leave immediately. John will go with the person/s to a place they decide and engage in sexual acts. Places have included public toilets or the house / bedsit of other males. John may also attempt to steal money from these men when they are asleep. The sexual act may also be recorded on video or mobile phone.

**Atypical course**

This involves escalation from the typical course to introducing vulnerable people to the males he is engaging in sexual acts with. This may include taking his brother/s to the homes of other males or taking the males he meets to the Reds and Blues club.

**Alternative course in other location:**

At home John may ask his siblings i.e. Richard or Diane if they want sex. He may also engage in sexual acts with his brother Richard. This has involved some element of cooperation by both parties as opposed to force even though minors are legally not able to give consent. The sexual act may also be recorded on video or mobile phone.

4. Strength.

a. Rate (Frequency)

The average number of incidents per month during the past three months, November 2007 to January 2008 is 4. This equates to 1 per week.

b. Episodic Severity.

Self reports of recent incidents in the three month period from November 2007 – January 2008 gives the following episodic severity rates:

The range in episodic severity levels in the three month period is from level 1 to level 4.

The range of the mean rate per month over the three month period is 2.5 per month – 3.5 per month.

Mean rate over this period is 3.

<b>Raw Data</b>	ES Level 1	ES Level 2	ES Level 3	ES Level 4	ES Total	ES average
Frequency Month 1	0	1	0	3	14	3.5
Frequency Month 2	1	1	1	1	10	2.5
Frequency Month 3	0	1	2	1	12	3

B History of the Problem.

The first recorded incident deemed sexualized behavior occurred in 1995 when John was five years old and his sister, Diane was two. Mrs. Doe reported to Social Workers that he engaged in digital penetration of his sister. It is noted that at the time the two children were sharing a bed. The Social Worker advised her to get them separate beds.

A Social Services report states that in 1994 sexual allegations were made by the children but didn't go anywhere due to communication difficulties. I was unable to find further details about this. I can only assume that John made these allegations as the other children would have been too young.

The next reported incident occurred on 13<sup>th</sup> December 2002. This involved John asking a fellow pupil at school to go into the toilet cubicle

with him. He then exposed himself to this pupil and began to masturbate. This occurred when John was twelve years old. John admitted to this saying that he had seen it on T.V.

At the case conference in March 2003 Mrs. Doe gave the name of a man, Ian Rawson, who had visited the house prior to 2002 who had previously been accused of “messing with young boys”. A similar report from Diane said that “a man used to come round, a family friend, and he played with the children – he is not allowed around anymore”.

Further incidents include:

- 2002 or 2003 (date unclear from records) John and Richard were found in a bedroom with their pants down. Richard was kneeling and John was stood behind him.
- In January 2003 Diane and the two younger boys, then aged eleven, six and four disclosed high level sexual behavior by John and Richard. They expressed lots of anger towards John.
- 17<sup>th</sup> April 2003 Diane reported that John had “shown her his willy and said kiss that”. John denied this but expressed anger at his sister saying “I told her not to say anything”
- 2003 John was reported to be making sexual advances to his sister and asking her if she wanted sex.
- Later in 2003 Mrs. Doe said that the sexual behavior had stopped. Diane agreed but added that John still comes in her room.
- 2003 - Richard said that John exposes his backside and wants others to do the same.
- Unknown date – One report states that John and the Fox brothers, who he is fearful of, made a vulnerable learning disabled female available for sex to a third party.
- In 2004, when he was fourteen years old, John alleged rape which resulted in a known sex offender being convicted. The assault involved fellatio, digital penetration and anal penetration. A video was taken of the assault. John reported that the assault took place on a number of occasions over a short period and the man gave him money for doing it.
- 18<sup>th</sup> January 2005 a fellow pupil at school reported that John had asked him to have sex in the toilets.
- 7<sup>th</sup> February 2005 – Mutually consenting sexual behavior reported from school / college involving John and another pupil.
- 29<sup>th</sup> August 2005 – John’s parents reported that he asked a five year old boy if he could “touch his penis”. The child was with his

parents at the time and reports indicate that both sets of parents sorted it out between them.

- 30<sup>th</sup> March 2007 – John was noted to be associating with another known sex offender. Police intervened and warned this man to stay away from John.
- 11<sup>th</sup> April 2007 – John alleged he had been sexually assaulted by a male. John reported that the man bathed and shaved him after the assault. The police did not take the allegation further as they felt that John had consented to the act.
- 5<sup>th</sup> May 2007 – John was overheard masturbating in a public toilet cubicle.
- 12<sup>th</sup> May 2007 – A male member of the public reported to police that John had approached him offering sex.
- 13<sup>th</sup> May 2007 – John reported that he slept with two men following a drinking session. When they were asleep he stole money from their pockets.
- 29<sup>th</sup> May 2007 – John alleged he had been sexually assaulted by a male. Again, the police did not take the allegation further as they felt that John had consented to the act.
- 14<sup>th</sup> June 2007 - John was encouraged to take a man called Paul Jenkins to the Reds and Blues club. Mr. Jenkins paid for the taxi to get to the club and promised John a Bluetooth mobile phone in exchange. Most of the individuals at the Reds and Blues club are vulnerable due to their learning disability and their age. John said Mr. Jenkins was his Social Worker but when staff realized he wasn't he was thrown out.

Incidents continue to occur at regular intervals and John admits willingly going to men's homes on many occasions for sex. We do not currently have accurate data for the full extent of this although John reports that incidents occur at least once a week as he needs the money. He talked openly to me at one of our meetings telling me about his sexual behaviors. He does not appear to recognize the dangers involved in his behavior. A Social Services report indicates that John's at risk behaviors began following the rape in 2004. Some police reports label John as a serial victim. An increase in incidents as detailed above has occurred since early 2007 since he turned eighteen and began frequenting the bars more regularly

Following Richard's recent assault on his younger brother Andrew he reported to police during his interview on 31<sup>st</sup> October 2007 that in the past John had taken him to other men's houses and left him downstairs whilst he went upstairs for sex. Some of these men are

known sex offenders. He also said that John masturbates in front of him all the time and tries to make him watch gay videos and go to the gay bars in town. When the other family children were interviewed they did not disclose further information regarding assaults by John

Richard has stated that he has been assaulted by a known sex offender who is currently being questioned. During questioning the offender stated that John and Richard engage in sexual acts together and Mr. Doe is also involved. Police did note that this was the word of a known offender.

Following the arrest of Richard the police seized his mobile phone and found graphic images on it of sexual behavior between John and Richard.

A report from S Oaks at Wilton School in 2003 said that when John was questioned about his behavior at home he said "It's not me, its Richie but I keep getting the blame, Richie snogs mum and keeps feeling me up when I'm tidying my room".

John's interview for the case conference in 2003 revealed some disturbing information. He said that he was very unhappy at home as everyone picked on him and he begged to go into care. He held his head in his hands and rocked whilst talking. He said that Richard disturbs him at night and repeatedly said "something is going on" but would not elaborate except to say he was frightened and it's in the attic.

John has now been banned from quite a few of the gay bars / clubs in his locality due to inappropriately approaching people for sex. Ann Simpson from the Sky Project reported to me that his file notes indicate that John is well known for "cruising the area" and approaching people for sex with a view to getting paid. George Adlington from Youth Services believes that John is being pimped but there is no concrete evidence to support this.

C. Antecedent Analysis.

In an antecedent analysis, one tries to identify the events, situations and circumstances that set the occasion for a higher likelihood of the behavior and those that set the occasion for a lower likelihood. Further, in both categories, one tries to identify both the more distant setting events and the more immediate triggers that influence the likelihood of the behavior. Below is firstly an analysis of those setting events and triggers, i.e., those antecedents, that increase the likelihood of Maladjusted Sexual Behaviors and possible escalation and secondly

an analysis of those that decrease the likelihood. Examples to support the setting events / triggers detailed below can be found in the “history of the problem” section.

### High likelihood of behavior occurring

Setting events:

Location and people:

- In the immediate area in which John lives there are a number of gay bars / clubs which he has begun to frequent especially since he turned eighteen. There is a higher likelihood of the behavior occurring if he goes to one of these bars.
- Contact with certain individuals i.e. in his locality there are a number of known sex offenders who frequent these gay bars / clubs. John is also known in the area amongst potential sex offenders as being available for sex.
- John appears to have learned that certain males will provide him with money in exchange for sex and may contact these people when presented with trigger factors.
- Contact with his siblings who are engaging in similar types of behavior.
- The home environment is a likely place for the behavior to occur due to lack of supervision and behavioral boundaries.

Time:

- The behavior can occur any time of day but is most likely in the evening and at weekends when more people are out socializing and drinking alcohol.

Activities / events

- The behavior is more likely to occur if John is unoccupied for long periods and therefore bored. It is also more likely to occur if John is not working and therefore does not have an alternative income.
- His parent’s refusal to provide him with adequate money for his needs, from his benefits, forces him to find alternative means.
- Drinking alcohol.

Specific triggers

When John needs money and he is unable to get this elsewhere.

When John is offered money.

Low likelihood of behavior occurring

- Having money
- Being occupied including having work and alternative social activities
- Avoiding gay bars / clubs
- Having staff support

D. Consequence Analysis.

The following consequences have been found to be effective in reducing the behavior:

I am not aware of any specific consequences that have occurred which have resulted in a reduction of the behavior. Even though John has reported assaults and states he dislikes sex with males he continues to engage in the target behaviors. This suggests that the negative consequences of engaging in the behavior are outweighed by the reinforcement he receives.

In the past, in relation to school work / behavior, he did respond to a positive reward system as a consequence of displaying appropriate behavior.

The following consequences have been found to escalate the behavior:

Since turning eighteen John has been frequenting the gay bars / clubs more regularly. Through past events he appears to have learned that he can get money in exchange for sex and this is now being reinforced each time he engages in the behavior. This type of reinforcement is very strong for him and has resulted in an increase in the frequency.

E. Ecological Analysis. There are a number of ways in which understanding the ecology surrounding and how it may conflict with John's needs and characteristics, may be helpful in understanding the meaning of his behavior and in understanding the ecological changes that may be necessary to provide the necessary support for him. The brief discussion addressing this ecological analysis is organized below around the physical environment, the interpersonal environment and the programmatic environment.

John is still extremely dependent on his parents for a home, even though he states he wants to leave. He was recently made homeless

for a short period as Social Services told his parents that he should not be left alone with the younger children as he may present a danger to them. His parents asked him to leave home as they felt they could not supervise him effectively as this impacted on their activities. Social Services were unable to secure appropriate emergency accommodation for him partly due to lack of resources and partly due to John reputation. As a result he was given a place for a few nights in a homeless hostel. Over the next few days he drifted back home and was allowed to stay possibly due to his parents lack of interest in the opinions of Social Services and possibly due to the fact that his parents are still quite dependent on his benefit money and they knew that changes were being made to the way this was to be paid e.g. directly to John. As a result of living in this environment he continues to be exposed to abusive situations, lack of boundaries and supervision and has access to his siblings.

The family reputation and John's reputation amongst the locals, including known sex offenders, makes it very difficult for John to change and move on whilst still living in the locality

John currently has no regular access to money which he needs to meet his basic needs, enable further opportunities e.g. leisure, and to buy things he needs. For a long period his parents have received his benefit monies and used this for the running of the home and maintenance of their activities, only giving John small amounts of money at intervals when he asked. He now gets his own benefit cheque but reports that his family continue to make demands on this money and he is not able to say no for a variety of reasons including fear, needing a home and promises of him getting it back i.e. they are just borrowing it as they need it for..... This leaves him with very little. As a result he still finds it necessary to get money from other sources.

John is having great difficulty in securing work. He has limited skills to be able to use in a work setting and will require a lot of support to secure and maintain a job. The agencies that are trying to help him find work either have nothing suitable at present, believe his skills are not adequate to get a job or regard him as too high a risk based on past behavior.

John has limited access to a range of activities to alleviate his boredom. This is partly due to lack of money and partly due to lack of support and friendships to try new activities. This limited range of activities also restricts his positive interactions with others. The

absence of alternative activities is also helping to maintain his engagement in negative activities and relationships. This situation appears to be developing into a vicious cycle of negative events and interactions preventing positive interactions developing.

John's knowledge and skills to avoid abusive situations and develop preferred relationships are extremely limited. He appears to see his behavior as the norm based on his life experiences. His impaired development of norms and morals is helping to maintain his negative pattern of behavior. John does not currently have access to long term support and maybe doesn't fully understand how this could help him to bring about change in his life.

Whilst John remains in his current situation he is unable to benefit from support which is enabling in nature and could help him to develop. He has not experienced this from his family throughout his life and they do not show motivation to provide the support he will need in the future. In addition the involvement of Social Services to provide support has rarely been accepted by Mr. and Mrs. Doe.

- F. Impressions and Analysis of Meaning. In considering this functional analysis and the background information summarized above, there are a number of factors that are helpful in trying to understand the meaning of John's behavior. Refer to "history of the problem" and "living arrangements / family history" for examples which support the analysis of meaning.

John's learning disability clearly impacts on his behavior in relation to his vulnerability through maladaptive learning and lack of understanding and skills to minimize his vulnerability.

John, and his siblings, are the victims of a dysfunctional upbringing involving abuse in many forms including: emotional, physical, sexual and financial. This basis for learning coupled with his learning disability has impacted significantly on his self worth, self esteem and moral base.

There is some evidence which suggests that John and his siblings have been exposed to sexual abuse at an early age, this includes access to pornographic media. There is no evidence of any behavioral boundaries in the home and sexual interactions between the children and possibly other family members have been allowed to exist as the norm. The results of the attitudes assessment I completed with John clearly indicates that he believes it is appropriate for two children,

including brothers and sisters, to have sex. His behavior at the age of five is not one of sexual gratification but more likely as a result of copying behavior he has seen on media or possibly as a result of personal experience. He reported also that the first incident that occurred at school was “something he had seen on T.V.”

John attended a school in Any Town for people with a learning disability. A number of other males in the Any Town area who are aged about the same as John also attended this school and are also presenting with sexually inappropriate behavior. Therefore, it is possible that this type of behavior was occurring amongst the students and possibly not known or overlooked due to the institutionalized nature of the setting.

Previous Social Services reports indicate that his parents have blamed John to some extent for the death of his younger brother. He has consistently complained to professionals over the years that he is picked on in the home, that he doesn't get as much love and attention as the others, that he is abused and that he doesn't get any money or proper food. This has severely impacted on his beliefs about himself leading him to believe he is unloved, not wanted, worthless and a bad person.

John's experience of rape in 2004 appears to be the first incident which paired sex with financial gain. As he has got older his need for money to survive has increased. Since turning eighteen he has spent more time in the local gay bars / clubs drinking alcohol and being exposed to men who have seen an opportunity to take advantage of his vulnerability. Through negative experiences he has found a regular way to earn money to enable him to survive in his environment and have some element of control of his life.

It is not clear how much of the sexual behavior in the home has been instigated by John and how much by Richard as complaints have been made about them both. John does present as more vulnerable than Richard and over the years he has displayed considerably less violent behavior. John's interview for the case conference in 2003 revealed how unhappy John was and his fears relating to his brother.

John has failed to learn from previous attempts to educate him in this area. This may be due to the teaching materials presented, his poor understanding or his lack of motivation to change due to having no other way of meeting his needs in his current situation.

John appears to be a highly vulnerable victim who has developed his behavior as a result of many negative experiences from an early age and to meet a need which he is unable to achieve in more appropriate ways due to lack of skills and knowledge. I believe that he is not a potential offender and incidents he has engaged in which are deemed as offending behaviors are as a result of him being controlled by others due to fear or promise of financial gain.

In summary, the main thematic function(s)/communicative message of John's target behavior are:

- I feel worthless and I want my life to be better but I don't know how to do it.
- I want some control of my life.
- I feel overwhelmingly sad, lonely and bored.

## MOTIVATIONAL ANALYSIS

A motivational analysis was carried out to identify those events, opportunities and activities that John enjoys and that may be used to enhance his quality of life and provide him with incentives to improve his behavior and to enhance his academic progress. The results of the analysis showed a number of events that could be used effectively as positive reinforcement in a well designed support plan to reduce the identified behavior problems. These reinforcers, and others, should be used in a variety of ways, the least of which would be through the contingencies of formal reinforcement schedules.

Reinforcers have been determined through partial completion of a reinforcement inventory, interviews and observation as detailed in details of assessment activities. The list is quite limited as John found it difficult to identify many things due to his limited experience. In the future when he has more opportunity to experience new activities this list can be extended based on his preferred interests.

The main identified Motivators include:

Money  
Being able to do new or preferred activities  
Paid employment  
Holiday  
Owning a parrot that talks  
Access to the gym  
Swimming  
Gambling

Moto cross / Quad bikes  
Healthy diet

**Strengths** – John has a lot of strengths which include: having a number of interests e.g. drama, swimming, cycling; he is helpful and polite; he is observant; he is able to concentrate for reasonable periods of time if he is interested in the task; he has good conversation skills; He is interested in learning and improving and understands a need for this. There is evidence from the past of a proven ability to learn new skills e.g. learning how to use a mobile phone.

## MEDIATOR ANALYSIS

A "Mediator Analysis" was conducted for the purposes of identifying those persons who might be responsible for providing behavioral support for John, their abilities to carry out the recommended support plan, given the demands on time, energy, and the constraints imposed by the specific settings, and motivation and interest in implementing behavioral services as recommended. This analysis showed the following:

Mr. and Mrs. Doe have consistently failed to provide a supportive learning enabled environment for John. At times they have agreed that they need assistance with behavior management and supervision. They have been offered support from Social Services, in the form of parenting classes and additional support, on a number of occasions but have been reluctant or unable to accept this support. Support that they have accepted in the past has been limited in terms of benefit due to a number of factors. Mrs. Doe has made some attempts to increase stimulation and put boundaries in place but reports indicate that she has been undermined by Mr. Doe when she has tried to do this. She has also made attempts to increase security by providing locks for doors and spending some of her time sitting on the stair landing to prevent the children going into each other's rooms. Reports indicate that Mrs. Doe has been the main family organizer over the years and has made attempts to take on board advice offered. Mr. Doe has offered little in the way of emotional support or practical help to his family.

A group called Bounce became involved with the Doe family to offer support following the problems they had when John was being threatened for being a "child killer". They worked with the family for ten months from 2006. They reported that the household became a lot calmer during their intervention but that the parents had no capacity to change. Their main input involved housing issues and trying to develop routines and boundaries. Following their input the household returned to its previous chaotic state within two weeks.

Mrs. Doe appears to have been in a situation in which she has had conflicting priorities. Does she work hard for the needs of the children or spend time on her relationship with Mr. Doe. I have witnessed her saying that "Social Services should take the children away before something happens" as she finds it too hard to cope and they affect her relationship with Mr. Doe. Mr. and Mrs. Doe have appeared to work independently as parents, having different views and opinions about their care. Their relationship does appear to have been affected by the needs of the children to some extent resulting in instability and negative interactions with the children. The children have all been exposed to conversations about how they are not wanted; Mrs. Doe has been overheard shouting "I wish you'd never been born".

Despite other views one also has to question "Is this Mrs. Doe way of dismissing responsibility for the children or does she genuinely feel unable to protect them believing that taking them into care would protect them from harm". Social Services are currently putting together a case to remove the younger children from the family home and may even attempt to prosecute the parents for severe neglect, physical abuse and allowing sexually abusive behavior to take place amongst the siblings over recent years.

John will be moving away from his parent's home therefore they will not be responsible in the future for providing behavioral support for him. He will continue to visit the family home following his move but evidence suggests that his parents would be unable or unwilling to carry out the support strategies. Despite this I feel that it would still be important to engage them in the process so they are aware of the risks to John and others and could communicate any concerns they have when John does visit the family home.

The proposed agency to provide the accommodation and support for John will be the Social Services Learning Disability Team, more specifically the Extra Support element of their Supported Living Scheme. This service is currently managed by Nick Mahon who has an excellent value base and well developed skills in providing behavioral support to individuals. The whole philosophy around the service that John will receive will be based on the IABA positive behavioral supports and all staff will be trained in being able to support John using this process and philosophy.

John is moving into a new service which will be developed around his needs. The staff team will be chosen based on their skills in being able to effectively support him using a positive approach.

John is used to having an incredible amount of independence and having staff support will initially be quite alien to him. It will require careful intervention

and introduction of staff support to enable John to see the benefits. When I discussed staff with John he recognized that he would need help with buying furniture, cooking, shaving, managing his money, protection and cleaning. On another occasions he told me that staff wouldn't be able to stop him doing what he wanted and it would be nothing to do with them. He said he would still do things if he felt they were important enough. He also believes staff will help him to arrange parties that he wants to have.

The protection factor is important as he obviously feels he needs help in this area. This should make it easier to highlight the positive elements of the need for staff support to John.

His range of activities for the future should be drawn from new activities to avoid his future development being affected by engaging with services which have preconceived ideas about him e.g. the gardening project that he was involved in previously and work placement providers which label him as too high a risk.

## RECOMMENDED SUPPORT PLAN

A. Long-Range Goal. The long-range goal for John is to establish enough self control over his behavior that he will be able to live and work in the least restrictive setting possible that is capable of meeting his developmental and behavioral needs. The goal of his educational plan is to provide him with the academic and other skills necessary to meet his needs, while eliminating those behaviors that tend to stigmatize and isolate him from full community and social presence and participation. Additionally, the goal is to transfer the control of John's behavior from external mediators (parents and staff) to internally generated controls. The plans and objectives presented in the following paragraphs are intended to increase the likelihood that the following specific outcomes will occur:

1. Within three months John will move to a home of his own away from his current locality to enable him to make a fresh start in an area where he is not prejudged.
2. Within six months John will find part time paid employment to enhance his self esteem and community integration
3. Within two years John will enhance his community and living skills to enable him to live more safely in his community.
4. Within two years John will develop his social skills to enable him to develop a full range of social relationships and friendships, as are enjoyed by other adults, including the possibility of one day finding his "soul mate".
5. Within five years John will be able to live more independently, requiring minimum staff support, have paid employment and a meaningful range of activities, participate fully in his community and be in a loving relationship.

B. Operational Definition(s).

Maladjusted Sexual behaviors

1. Topography.

The target behavior referred to as "Maladjusted Sexual Behaviors" takes the following forms:

- 1) John engages in sexual acts with adult male acquaintances or strangers in exchange for money or goods. These sexual acts may range from masturbation to anal penetration depending on the choice of the other party. They may occur in public places i.e. toilets or at a place the other party decides upon i.e. their home. Sexual acts may take place with one person or with more than one person at a time.
- 2) John may introduce other vulnerable people i.e. children, people with a learning disability to the men he engages in sex with. This can involve taking vulnerable people to locations in which he engages in sexual acts with males or taking these males to places where they can access vulnerable others i.e. Reds and Blues club.
- 3) John attempts to or actually engages in sexual acts with vulnerable others i.e. siblings. This involves some element of cooperation by both parties as opposed to force even though minors are legally not able to give consent.
- 4) John may allow or instigate the recording of a sexual act onto video or mobile phone.

2. Measurement Criteria.

b. Occurrence Measure (Cycle: Onset/Offset).

Onset criteria begins at midnight and offset criteria ends twenty four hours later.

An occurrence will be recorded when home staff, family, or professionals e.g. police, Social Worker, therapist, educational facilitator become aware of one or more, in any combination, of the topographies occurring either through visual or auditory means, from third party reporting, or if John self reports that he has engaged in one or more of the behaviors. An event will also have occurred if there is substantial evidence that John has gained access to unexplained money.

The incident will be recorded, for the purposes of measurement in the grams in, on the day it was reported rather than going back to the day it actually occurred.

b. Episodic Severity Measure(s).

Episodic severity should be measured using a four point scale and rated at the highest level per twenty four hour period and collected on a daily basis. The scale below represents severity in terms of risk to self and vulnerable others.

Level 1 - John engages in a sexual act with a person he already is acquainted with, in exchange for payment.

Level 2 - John engages in a sexual act with a stranger, in exchange for payment, or engages in a sexual act in a public place i.e. public toilets.

John allows or instigates videoing of the sexual act.

Level 3 – John engages in a sexual act with more than one person, in exchange for payment, which involves going to a private location of their choice.

John attempts to steal money from these men when they are asleep.

Level 4 – John engages in sexual acts with minors or introduces other vulnerable people i.e. siblings, other learning disabled people, to sexual interactions with adult male acquaintances or strangers.

C. Short Term Measurable Objectives. The following objectives and plans are suggested on the assumption that John has the opportunity to move to a new home and have the behavioral input required to carry out the recommended support plan as detailed. It is unlikely that they would be realistic if he did not have these opportunities. These objectives were also selected as being most reflective of John's priority needs and as being the most realistic given his level of functioning at this time. Further objectives may be established as a function of the success or failure of the recommended strategies.

1. Maladjusted Sexual Behaviors

a. Reductions in Behavior Over time.

The frequency of Maladjusted Sexual Behaviors will reduce from a baseline level of 4 incidents per month to a rate of 0 incidents within twelve months of implementation of the recommended support plan.

b. Reductions in Episodic Severity.

If the frequency rate is reduced to 0 incidents then there will no longer be an episodic severity measure.

Episodic severity will gradually reduce to a level of 0 over the 12 month period.

D. Observation and Data Collection Procedures.

1. Methods.

Data should be recorded on a prepared modified ABC recording form on a daily basis. The data recording form will detail the following information:

- a. Name of respondent contacted
- b. Date and time of contact with respondent (date reported)
- c. Date and time of actual incident (if known)
- d. Episodic Severity e.g. highest level of each 24 hour period in which an incident of Maladjusted Sexual Behavior occurs.
- e. Source of Evidence e.g. self report; report from other; observation; visual evidence and access to unexplained monies.
- f. Description of the incident
- g. Description of antecedent
- h. Possible triggers
- i. Consequences of behavior

The frequency and episodic severity of the target behavior will be summarized on separate graphs, produced three monthly to enable a direct comparison to the baseline data. The episodic severity graph will incorporate mean and range figures. Data within the

graphs will also highlight levels for each month to monitor change over time.

Every three months the frequency and episodic severity levels will be individually evaluated to ensure that improvement towards the objectives are being achieved. If there has been a reduction from the baseline levels a pass will be awarded. If the levels remain the same or increase then it will be a fail.

If at least an overall 50% pass rate is not achieved by the second recording period (6 months) then a review will be signaled.

2. Observational Reliability.

- a. Observer reliability will be monitored by implementing both a cross records review and supplementing this with a casual / incidental method. The cross records review will involve a manager checking records once a week to match records i.e. if an incident of target behavior has occurred and an ABC chart is completed then they will also check back to ensure the incident is also recorded in the weekly logs and SIR if necessary. If all records coincide then an A will be recorded on the chart to indicate agreement, if not a D will be recorded on the chart to indicate disagreement. The casual / incidental method involves others in the service i.e. supervisors, managers, other key staff also witnessing an incident due to coincidentally being in the same place at the same time. If this occurs then they should communicate it to the staff member supporting John on return to the office so it can be used as a record check.

E. Recommended Strategies. In the following paragraphs, a summary of possible strategies to support John is presented. These are by no means meant to be comprehensive or exclusive of other procedures. They simply represent a set of starting points that would be elaborated and modified as services are provided. Support is organized around four primary themes: Ecological Strategies, Positive Programming Strategies, Focused Support Strategies, and Reactive Strategies.

1. Ecological Strategies. Many behavior problems are a reflection of conflicts between the individual needs of a person and the

environmental or interpersonal context in which the person must live, go to work or otherwise behave. As part of the above evaluation, several possible contextual (ecological) conflicts were identified. It is possible, that by altering these contextual conflicts, that John's behavior may change and his progress may improve, thus eliminating the need for consequential strategies. In the following paragraphs, a number of "Ecological Manipulations" are presented with the intention of providing a better mesh between John's needs and the environments in which he must behave:

There are a few of identified positives for John and it is important that these are maintained and built upon.

### **Living Environment**

- Plans are currently being developed to locate a new home for John using a supported living arrangement. This will be individually designed based on John's needs. It is important to note that John has requested to move from the family home. This is the first step to be taken as carrying out the rest of the support plan in his current environment is unlikely to be effective. Recommendations for his new home include:
- It should be located away from his current locality due to the family reputation and his vulnerability in this area which negatively impacts on his relationships with others and his community integration. A new location would provide him with the opportunity to have fresh start. John must have choice in location and all other aspects of his new home.
- The location should still be in the Any Town area but in one of the smaller villages / towns on the outskirts of Any Town. He will continue to require convenient access to his family, certain facilities and some activities that he enjoys i.e. Reds and Blues club.
- He should be offered the opportunity to share with one or two other males of similar abilities and interests. This would enable him to develop friendships with others with whom he could share recreational activities and conversation.
- The accommodation should enable the individuals to have their own space, a communal area and access to staff

support as deemed appropriate for each individuals needs.

### **Staff support and supervision**

- John is likely to find twenty four hour support and supervision a little difficult at first as he has not experienced this other than through aversive methods. He has been used to having a great amount of freedom and will continue to desire some of this freedom. He will require quite intensive support initially as he undergoes the transition. How this support is delivered is very important.
- Staff should try to reframe their role to one of a friend / helper. They should be prepared to do things with him e.g. get ready to go out with him, eat with him, do tasks together, rather than to adopt the staff / client relationship.
- The type of support given should be encouraging in nature and always be positive. John has experienced aversive control methods in the past and clearly dislikes these. He has stated he would like respect and would be happy if people who worked with him respected him, even if he has done something wrong.
- John will be developing his assertiveness skills and staff must encourage this process in their day to day interaction with him.
- Both males and females have worked well with John in the past therefore the staff team could include both sexes. John has requested male support in the past therefore a predominantly male team may be more appropriate initially.
- Skills of staff. All staff will need to be trained to a specific level for working with individuals who present with a learning disability and potential offending behavior problems. Staff must have a good values base. Staff must be provided with in depth information regarding John's likes, dislikes, past life, future goals and behaviors of concern in order to support him effectively.
- John should be involved in the recruitment and training process.

### **Health and Medical**

- John has concerns about his health which cause him some anxiety, as explained in the health section. Following his move he will be assisted to undergo a full medical examination and tests as appropriate to alleviate fears he has. This will include a dental examination, chiropody and optician follow up. Additional specific areas of concern would include: Hepatitis B immunization, genetic testing to confirm Aarskog Syndrome to enable appropriate care to be provided especially in relation to hernias and joint care.
- It will also be necessary to discuss with John the possibility of testing for sexually transmitted diseases including the more serious ones e.g. HIV. If John wishes to be tested for these he will be supported to do so and will be offered counseling prior to the testing.
- John will continue to be supported to attend medical examinations at regular intervals as required in the future.
- John should also be supported to join a gym to develop and maintain his fitness levels.

### **Finances and Budgeting**

- John will be fully supported to manage his finances to ensure his household expenses are allocated appropriately and he has adequate monies to spend on personal items and activities.
- John will be supported to open a personal bank account and manage transactions within this. Staff will help John to assess different options which provide higher security in order to minimize the possibility of John disclosing his bank details to others.
- Measures will need to be agreed with John to prevent his family continuing to make heavy demands on his money.
- John will have the opportunity to earn additional monies for personal spending through his focused support strategy.

### **Activities – Work and Leisure**

- John will be supported to continue to engage in appropriate leisure activities of his choice and to expand his range of leisure / recreational experiences. John should be given the opportunity to develop his range of interests by sampling different activities. He should

always be offered a choice of activities and should be supported on a 1-1 basis when engaging in new activities.

- New activities should consider community presence and community integration as important factors.
- John will be encouraged to maintain relationships with friends he has at the Boys and Girls club or from school and to develop new relationships with peers who share similar interests. He will also be given opportunities to experience new social activities and meet new people, including females.
- Developing a weekly session plan is very important for John as he has had little activity to do in the past leading to boredom and impacting severely on his self esteem. Leisure activities should be introduced initially and a range of activities should be developed over time at John's pace. Activities should be varied and include leisure, educational, self help and work placements.
- A weekly planner to show activities that he is participating in will help John to schedule his time as he has difficulty in remembering events and times. This should be pictorial as currently his reading skills require further development.
- John does not currently have any set routine or boundaries in his current living environment. Introducing this to his new environment will require sensitivity and good timing. Initially he may be resistant to feeling he has to adhere to common respectful rules and boundaries. Development of routines and rules must always be done in conjunction with John and he should be offered choice at all times.
- Every attempt should be made to secure an appropriate work placement for John. This is something that John is very keen on and will help to improve his self esteem. This will take into account his interests and skill levels. Gradual introduction to this would be the most effective way of doing it e.g. two hours per week to begin with and build on this over time. Initially it may be necessary to provide some work sampling activities to determine what John would be interested in. John will require 1-1 support in a work environment.

### **Personal Futures Planning.**

- John has previously identified some goals for himself. These are to have a paid / valued employment and to

have control of his life. John should have an opportunity to have a full Personal Futures Opportunity to help him to think about and express his personal ambitions for his long term future

### **Family Involvement**

- Some of the support strategies will impact on his family home environment and therefore involve some co-operation of family members. His mother and father appear to have had difficulties supporting John over the years but have shown some evidence of being interested in his welfare. If John is in agreement the implementers of the strategies will need to brief his parents on what will be happening and the rationale behind it. This may include some element of negotiation regarding their input.

2. Positive Programming. Challenging behavior frequently occurs in settings that lack the opportunities for and instruction in adaptive, age-appropriate behavior. It is our assertion that environments that provide instruction to promote the development of functional academic, domestic, vocational, recreational, and general community skills is procedurally important in our efforts to support people who have challenging behavior. To the extent that John exhibits a rich repertoire of appropriate behaviors that are incompatible with undesired behavior, the latter should be less likely to occur. Positive programming, therefore, should not only result in developing John's functional skills, but also contribute to reducing the occurrence of problematic behavior. At the very least, a context of positive programming should make it feasible to effectively and directly address John's Maladjusted Sexual Behaviors. In the following paragraphs, several initial thrusts for positive programming are presented:

- a. General Skills.

- 1 Academic Domain - Money skills

- a) Rationale / Logic.

John has difficulty calculating the correct change from purchases and this increases his vulnerability. As money plays quite a significant part in his life it is important he has the skills to manage money correctly in his day to day interactions. Learning this skill will make him feel more confident when making purchases and will therefore help to improve his self esteem.

b) Objective.

Given one fifteen minute teaching trial per day John will be able to independently check that he has received the correct change when making purchases. This will be achieved within a twelve month period of the implementation of the program.

c) Method

The teaching will be carried out by the home support staff.

Ask John if he is happy to engage in this learning process, which may include role play, and provide him with the rationale behind it. John has stated that he wishes to learn this skill therefore he is likely to engage in the process.

Establish his current level of ability in this skill to use as a base line to measure further learning against.

Draw up a hierarchy of skills which John will need to learn e.g. counting, recognition of all coins, notes and their values, addition and how to determine what change you need from a transaction.

Identify a teaching method for each skill to be learned. This may include a variety of methods including modeling, role play, verbal support and games. An excellent method for teaching skills of this nature is

computer games / educational grams in. John enjoys using a computer so this would be an effective learning method for him.

Set objectives for each skill to be learned and ensure he is proficient in each objective on 5/5 consecutive trials before progressing to the next objective.

Additional reinforcers for the learning process will not be required as reinforcement will occur naturally. This means that John will be reinforced by making purchases and feeling more confident with money.

Ensure that he is given verbal praise and encouragement for each session.

Aim to have the sessions as informal as possible and choose an appropriate fifteen minute time slot and agree this with John. Plan for a quiet environment.

Every time John goes shopping, carries out an activity or makes a money transaction staff will reinforce the learning process by ensuring he pays and by providing prompts for checking he has got the right change. This must be done in a discreet way to ensure John does not feel embarrassed by the situation.

A data collection form will be designed to record participation in the teaching session in addition to scoring a + if he successfully achieves the objective of a particular session.

## 2 Social Skills Domain – Cooking a Meal

- a) Rationale / Logic.  
John has not had the opportunity to develop skills in cooking himself a meal. He has

previously stated that he is interested in catering and would like to learn. Being able to cook himself a meal would increase his independence as well as improving his future social skills. Developing skills of this nature are also important in increasing his self esteem.

b) Objective.

Following one teaching trial per week John will be able to cook two of his favorite meals, without prompts, on 3/3 consecutive trials. This will be achieved within six months of the commencement of this program.

c) Method.

Teaching of this skill will be undertaken by his support staff.

Task Analysis

John will choose his two favorite dishes and sit down with staff to work out the steps necessary to prepare these meals. This will include deciding what ingredients are required, shopping and preparing the meals.

The task analysis (steps to follow) will be written down so that they can be consistently followed for each teaching trial.

The teaching will be carried out by his home support staff once a week in naturally occurring situations i.e. preparing Sunday lunch.

The first session will provide an assessment of his current abilities and set a base line of prompts he requires at each stage.

The techniques involved in the teaching may include modeling, verbal prompts and

gestural prompts. Prompts will be gradually phased out as John develops proficiency.

A chart will be developed to record what level of prompts he is requiring at each stage.

### 3 Recreational Domain - Drama

a) Rationale / Logic.

John has previously attended a drama classes which he enjoyed immensely. He has expressed an interest in doing this activity again.

Being involved in a drama group would help to develop his social skills and enable him to build friendships with others who attend the Drama group. It will also significantly assist in enhancing his confidence and self esteem to make him feel better about himself.

b) Objective.

John will regularly attend weekly drama classes without staff support. This will be achieved within 9 months of commencement of the classes.

c) Method

Staff will assist John to determine the days and times of the Drama group and to secure a place.

Initially staff will support John to attend the group to assess the situation and to encourage him to get involved and build relationships with others.

Once staff feel confident that John is enthusiastic about attending and has integrated appropriately into the group they should start to withdraw gradually.

Once staff withdraw completely they should request feedback from the group facilitators at regular intervals to ensure concerns are not developing e.g. he withdraws or lacks confidence without support or his attendance becomes sporadic.

- b. Teaching Functionally Equivalent Skills. People engage in seriously challenging behaviors for perfectly legitimate reasons. They use these behaviors to communicate important messages, to assert themselves, to manage unpleasant emotions, to escape unpleasant events, and to gain access to events and activities. One important strategy for helping people overcome their challenging behaviors is to provide them with alternative ways of achieving the same objectives, alternative ways of satisfying their needs. These alternatives are defined as functionally equivalent skills because they achieve the same goal as the challenging behavior or communicate the same message.

#### Differential Reinforcement of Alternative Responses

- 1) Rationale/Logic. Assertion

The above assessment of John's behavior concluded, among other things, that the communicative function of his target behavior is that he wants some control of his life. He is experiencing frustration, confusion and feelings of worthlessness as a result of being deprived of the money he needs to be able to lead a normal, happy, healthy life. His message is "I'm unhappy", "I'm worthless" and "I want to have some control over my life"

John is able to verbally communicate very well but under certain circumstances he is not able to make his true feelings known due to fear of the consequences. As a result he has engaged in the target behavior as a way of supplementing his financial situation. He has been controlled by an aversive regime, involving physical punishment, which has made him fearful of standing up for his rights and needs.

John already has a number of skills which can be drawn upon to enable him to learn this new strategy to develop skills to assert himself in situations which he finds aversive. These skills include: verbal communication skills and an ability to learn new skills. It is also reported that John responded well to a positive reward system at school.

If he is able to learn a range of scripts for common situations which he finds aversive he will develop more confidence in being able to generalize the new skills to manage situations as they arise.

2) Objective.

Given two fifteen minute teaching trials per week John will be able to correctly role play five problem solving scripts on 10 / 10 consecutive trials, without additional prompts. This will be achieved within a twelve month period of the implementation of the program.

3) Method.

Explain the rationale to John in a positive enthusiastic way which he will respond well to. If he believes that it is something worthwhile to achieve he will be more motivated to engage. Explain the benefits of this new skill.

Ask John if he is happy to engage in this learning process, which will include role play, and ask him what would help motivate him to engage in the process i.e. what reinforcers would be effective. It may also be necessary to describe what role play is.

Draw up a reinforcement plan using an ALT-R schedule. This reinforcement schedule will need to be completely different from the DROP schedule described later in the strategies so as the two are not confused. The ALT-R schedule is the reinforcement of specified behaviors that are topographically different from the identified target

behavior. In this strategy he will be being reinforced for engaging in the process of learning new communicative and problem solving skills.

This program and the following two grams in e.g. teaching functionally related skills and teaching coping skills will all share the same reinforcement schedule.

Reinforcers will be accessible at two pre agreed levels. The lower level reinforcer should be something quite small which would be available if he only engages in two out of the four sessions each week. The second level would be slightly bigger and would be available if he engaged in all four sessions in the week.

He will receive a pre agreed token each time he engages in one of the agreed sessions for this program, the Cognitive Behavior Therapy sessions and the Sexual Health and Relationships sessions.. At the end of the week he will exchange his token/s for the agreed reinforcer.

Reinforcers should not fall into the categories of money or holidays as these are the preferred choices in the DROP schedule to reduce the target behavior. Reinforcers should be chosen carefully in terms of value to John, novelty value and normal availability to ensure their reinforcement value remains strong. Examples include swimming, fishing, moto cross, quad bikes, special outing of his choice

Plan session days for this program and twenty minute time slots and agree these with John. Plan for a quiet environment.

Begin by asking John what situations he would like help with e.g. How to say no when his family makes demands on his money.

Once a number of situations have been identified agree between you which are the five key ones to

target to gain the most effective way of him communicating his needs.

Taking one situation at a time ask John to identify one thing he could say to help him in that situation. When he suggests one the member of staff should suggest the next one etc. until all possible suggestions, including silly ones if necessary to interject a bit of humor, have been identified. If John struggles to suggest one staff should provide verbal prompts. They should then be written on paper i.e. flipchart as a memory aide.

The range of solutions that have been identified will then be discussed to agree which John would be happy to use.

A script should then be written which should include the antecedent (i.e., cues) and the agreed phrases.

The script should then be used to go through a process of learning to different levels of competence. Whilst using the scripts it is also important to explain to John the difference between assertion and aggression and the different responses to these.

Verbal Competence. For each of these scripts, it must be determined that he can verbalize the solutions that have been agreed.

Role Playing Competence. This should begin with reverse role-play where the member of staff will play John to model what he should do. This will include critical elements of the message (e.g. facial expressions, body language, tone of voice). Once John has demonstrated verbal competence, the script should be "role-played". This should be recorded as correct, prompted or incorrect.

Once he has achieved 10 /10 consecutive correct responses to one aversive situation he will move onto the next identified situation.

Generalization. Once John has shown proficiency in verbal and role play competence in a particular situation he should be prompted to use the skills if he encounters similar type situations. Staff must model the consequences of John asserting himself, providing this would not result in harm to himself or others, by respecting his wishes and providing verbal praise for attempts to assert himself.

A data collection form will be designed which would record participation in the teaching session in addition to scoring a + if he successfully achieves the goal of a particular session i.e. verbally describes his scripted responses to a particular situation.

- c. Teaching Functionally Related Skills. There are many skills that if learned by the person, may have a direct impact on the person's behavior. For example, a person who is taught the difference between demeaning criticism and well-intended feedback, may start acting differently to the feedback he receives from others. The purpose of this category of strategies, again, is to empower the person; to give the person greater skills. In the following paragraphs, educational skills are identified which are thought to be related to John's Maladjusted Sexual Behaviors.

1) Rationale / Logic.

John has previously had some education in Sexual Health, Legal issues and Relationships with differing degrees of success (see assessment material). This is a vitally important area for John and is believed to be an area which requires further input as John's knowledge in this area remains limited.

The effect his limited knowledge is having severely impacts on his health, safety and the safety of others. He continues to display illegal behaviors and has little or no understanding of the possible

consequences of his behavior and the potential effects on his health.

John also indicates that he would like to be able to develop appropriate relationships with others, including females, as he feels lonely in his current situation.

2) Objective.

John will consistently engage in 1-1 Sexual Health and Relationships Training Classes once a week without staff support. This will be achieved within twelve months of commencement of the classes.

3) Method

Staff will assist John to find a suitable educational / therapy placement which could offer this type of education for him e.g. educational facility, psychology.

It should be provided on a 1-1 basis to enable more intense support and should be provided over a flexible period of time based on John's needs.

Material would need to cover health related issues, the law in relation to sexual behavior and appropriate relationship building.

Individual objectives and methods of assessment in relation to knowledge gained would be determined and agreed with John on commencement of the classes. Monitoring of objectives will be done once a month by the facilitator, home support staff and John. Monthly reports will be produced to keep a record of his progress.

Initially staff will support John to attend to familiarize him with the location and provide him with support to build up a relationship with the tutor / therapist.

Once staff feel confident that John is comfortable about attending and has built up a good rapport they should start to withdraw gradually.

Once staff withdraw completely they will continue to attend monthly feedback sessions to monitor progress.

The ALT – R program detailed in the section titled Functionally Equivalent Skills will also be used to reinforce engagement in this program. The agreed token will be provided by the program facilitator.

d. Teaching Coping and Tolerance Skills. John's target behavior is a reflection of his past abusive lifestyle, negative self beliefs and confused sexuality. While some elements of the behavior can be avoided by controlling antecedents and other strategies, negative and confused self beliefs may continue to be present. It will be necessary to be systematic in applying sophisticated therapeutic intervention, with the objective of teaching him important coping skills. The following is a recommendation for how to proceed in this important area with the initial focus being on John's Maladjusted Sexual Behaviors.

1) Rationale/Logic. – Cognitive Behavior Therapy  
John should engage in Cognitive Behavior Therapy with a therapist specializing in this approach with adults with a learning disability. Sessions should be conducted on a weekly basis. This focused support strategy will provide John with a weekly opportunity to discuss his negative self beliefs and emotions and to develop alternative coping strategies. This strategy will also strengthen the positive programming strategies.

2) Objective.  
John will meet specific objectives agreed between the therapist and himself by consistently engaging in 1-1 Cognitive Behavior Therapy sessions once a week with an identified therapist. The objectives

will be achieved within twelve months of commencement of the classes.

3) Method.

The method for this intervention will take the same form as the Functionally Related Skill, as described above.

The therapy will focus on the following areas: negative feelings about self, past abuse, sexuality.

3. Focused Support Strategies. Some of the ecological strategies that are recommended above, depending on their complexity and/or difficulty, may take time to arrange, and positive programming will require some time before new skills and competencies are mastered. Although these ecological and positive programming strategies are necessary to produce good long term quality of life outcomes for John, it is also necessary to include focused strategies for more rapid effects; hence the inclusion of these strategies in our support plans. Specific recommendations for the limited but important need for rapid effects are made below.

Differential Reinforcement of Other Behavior with Progressively Increased Reinforcement (DROP)

General: This is a direct intervention strategy which is the most powerful variation of DRO and aims to rapidly reduce the number of incidents of “Maladjusted Sexual Behaviors”. It does this by clearly communicating to John that his target behavior is not desirable by providing strong reinforcers for him **NOT** displaying the target behavior. In addition the other strategies in this support plan will build up more appropriate behavioral and psychological responses. Using this type of schedule, the amount and quality of reinforcement is progressively increased for each successive interval during which the behavior is not exhibited, up to a ceiling level. This enables a quicker increase in access to reinforcers if he has consecutive days of non-engagement in the target behavior.

This schedule is designed to cover an interval of one day. The review of his success should be done at the end of each day.

Using a gambling theme would appeal to him as he says he likes to gamble but doesn't have the spare money.

Evidence shows that the interval response time should be 50% of the average frequency of the behavior. The average frequency is currently once per week. On this basis he should therefore be receiving a smaller level reinforcer every three and a half days. To make it easier to manage he will be able to access his chosen reinforcer every three days.

#### Preparation and Materials

Staff will need to work with John to design an appropriate chart and token type. I suggest that tokens relate directly to what his chosen reinforcer is i.e. Casino chips. The chart could be designed to appear like a gaming machine or roulette table.

His reward chart will have ninety six sections (squares). The medium level reinforcement would be achieved when he reaches the end of the trail, at square ninety six. Squares on which he will receive the agreed reinforcers will be highlighted. These will be squares six, twenty one, thirty six, fifty one, sixty six, eighty one and ninety six.

In addition, a separate higher-level chart will be designed with fifteen sections. This will sit next to his original chart. One suggestion for this chart is to have a holiday theme which he could attach another token type to i.e. pictures of items connected with a holiday abroad of his choice.

#### Choice of Reinforcement:

The reinforcers for this program will be something that John will agree with staff at the beginning of the program.

He is highly motivated by money to purchase personal possessions i.e. mobile phones, games. He has had limited access to money for this purpose and his weekly household budget will cover necessities e.g. food, bills, new clothes, activities and will leave only a limited amount for personal spending. John will appreciate the opportunity to gain extra monies at regular intervals to purchase personal possessions

He will need to choose three levels of reinforcer. The first is a lower level reinforcer which is something to aim for, potentially every three days e.g. five pounds or choosing an envelope

containing an unknown amount which could range from one to ten pounds. The second is a medium level reinforcer which potentially he can achieve in three weeks e.g. fifty pounds or a choice of three envelopes containing twenty five, fifty or seventy five pounds. The higher level is the goal e.g. a holiday which he could potentially achieve in approximately eleven months.

The second examples of using envelopes containing unknown amounts fits nicely with the gambling theme but will require careful working out to ensure that he has a fair choice of each amount each time, that funds enable the possibility of him winning larger amounts at regular intervals and that he doesn't become disinterested by winning smaller amount regularly.

### Method

Explain the rationale to John in a positive enthusiastic way. If he believes that it is something exciting to achieve he will be more motivated to engage.

Explain how the program will work so he is clear about what he has to do to earn his reinforcers.

The program will involve John collecting pre-agreed tokens to place on a pre prepared chart for each successful day without a report of an incident of the target behavior.

The number of tokens will rise in progressive increments each day providing there is not a report of the target behavior. i.e. on day one he can earn one token, day two will be two tokens; day three will be three tokens etc. He can earn up to a maximum of five tokens in one day.

If he has a successful day give him verbal praise along with the tokens at the end of day. He will place his tokens on his chart so he can see his progress.

At the highlighted squares he will receive the pre agreed reinforcer along with praise. It would also be useful to reiterate how long it will take him to get his next reinforcer if he continues to have days without displaying the target behavior.

If he displays the target behavior he will stay at the level that he has already earned up to on the chart but he will not receive

tokens for that day. The following day the number of tokens he can earn will revert back to one.

When he has an incident of the target behavior do not provide the token for that day but also do not make an issue out of him not receiving the token for the day. The following day reinforce to him that he can continue to earn tokens to achieve his targets if he avoids engaging in the target behavior.

Once he has reached his medium level reinforcer (potentially within a three week period) the program will be reset and will commence again at level one. At this stage he should choose other reinforcers to work towards.

Each time John reaches the end of his regular chart (potentially every three weeks) he will also place a token on the higher-level chart.

Once he has completed all fifteen squares on the higher level chart he will have earned his chosen high level reinforcer.

Once John has had an eleven month period without any incidents of the target behavior the program will require review, by a suitably qualified person, to begin fading some of the reinforcers out.

An additional chart will be drawn up by staff to keep a record of successful / non successful days. This is necessary to keep track of progress in case some of the tokens on the main chart are inadvertently moved.

4. Reactive Strategies. Efforts to manage the antecedents to John's Maladjusted Sexual Behavior are likely to have a considerable impact on the rate of its occurrence. However, these behaviors may still occur, at least to some degree, especially during the initial stages of the implementation of this support plan, as the necessary adjustments to the plan are identified and made. Therefore, staff may need measures for dealing with these behaviors when they occur. Such reactive strategies have an even more limited role than the focused strategies recommended above. Specifically, reactive strategies are designed to produce the most rapid control over the situation, in a manner that keeps both John and others as free from risk of harm as possible and that keep John free from risks of exclusion and devaluation as much as possible. That is, the

role of reactive strategy is to reduce episodic severity. Accordingly, reactive strategies are not intended to produce any change in the future occurrence of John's target behavior. Both rapid and durable changes, instead, are being sought by the Ecological Strategies, Positive Programming Strategies, and Focused Support Strategies described in the preceding sections.

If John states that he is going into town by himself, especially at weekends, and staff believe he is going to one of the gay bars / clubs or he says he is meeting a person that he is known to have had sexual interactions with in the past they should take the following actions:

- Ask John if he is OK and if he is worried about something e.g. he has no money, others are putting pressure on him.
- If he is worried about something staff should provide a supportive environment to help him problem solve to find alternative more appropriate ways of dealing with the problem and therefore avoid him engaging in the target behaviors.
- If this is ineffective then staff should remind him of potential consequences of engaging in the target behavior, these include:
  - The impact on his self esteem and feelings about himself
  - Health risks
  - Additional risks e.g. injury, abuse
- Remind him of his exceptional progress on his program and how far he is off receiving his next potential reinforcer.

Following an incident of the target behavior coming to light staff should repeat the actions but from the perspective of after the event, examples include:

- Ask him was he worried about something and reinforce that he can talk to staff in the future if he has worries of this nature.

- Ask him to think about the outcome e.g. has it solved the problem, how does he feel about it now and help him to think about alternative ways of dealing with a similar situation in the future.
  - Reinforce the potential consequences, as above.
  - Explain that it is a temporary setback but it doesn't prevent him from getting back on track and making exceptional progress as he was doing before.
  - DO NOT PREJUDGE HIM OR SHOW DISAPPOINTMENT IN HIS ACTION AS THIS WILL FURTHER IMPACT ON HIS SELF ESTEEM.
5. Staff Development and Management Systems. Key elements that will determine the degree of success of this support plan are staff competence and management systems that assure staff consistency in providing services to John. The following is recommended:
- a. Procedural Protocols. Each strategy and procedure described above should be broken down into teachable steps.
  - b. Three tiered Training.
    - 1) Each staff person would be required to show "verbal competence" for each procedure. That is, they would need to describe each and every step in the specific procedure. Each staff would be scored using a "+/O" system for each step of the procedure. A 90% criterion is considered passing.
    - 2) Each person would be required to show "role play competence" for each procedure. That is, they would need to demonstrate each step of a procedure to another member of John's support team. The scoring system would be the same as for "verbal competence," as described above.
    - 3) Finally, each staff person would need to demonstrate "in-vivo" procedural reliability; that is, the ability to carry out each program component of

John's support plan for which they are responsible. This would require the designated person to observe each staff person as they provide services and to see the degree to which what they do agrees with the written protocols. The scoring procedure described above would be used again, and 90% consistency should be considered as minimally acceptable. For those procedures that do not occur frequently, such as the need to react to infrequent behavior, role play competence should be reconfirmed on a regular schedule.

- c. Periodic Service Review. John's entire support plan should be operationalized into a series of performance standards to be met by the support team and integrated into a Periodic Service Review. Monthly (initially, weekly) monitoring should be carried out by the designated coordinator and the status of the support plan's implementation should be quantified as a percentage score. This score should be summarized on a graph and kept visible to staff as an incentive to achieve and maintain a score of 85% or better. This should be reviewed regularly by management and feedback should be provided. More information on how to develop and implement a Periodic Service Review system can be provided on request.

## COMMENTS AND RECOMMENDATIONS

1. Analysis shows that John manifests risk behaviors that require the immediate implementation of the recommended support plan to prevent serious harm occurring to himself or others.
2. Important recommendations regarding type of service, philosophy of care and mediator influences are detailed in the ecological strategies section.
3. Revisions are certain to be necessary during the initial stages of implementation and as John's responsiveness to this new support plan are observed. Early revisions and fine tuning are necessary in the initial implementation of any support plan, especially one as comprehensive as this one attempts to be.

4. When the strategies within this support have been effective in eliminating his target behavior then community independence skills should be developed further and he should be given opportunities to carry out community activities independently.
5. To develop skills training programs in other areas e.g. self help, hygiene, domestic and educational to enhance these support strategies and work towards independence. Ensure that new skill training grams in are not too much to do at once in conjunction with other strategies.
6. The Vulnerable Adults procedure should be implemented for John. This will provide additional safeguards to protect him from further abuse.
7. Further assessment should be carried out by the Psychology department to assess his memory skills and suggestibility levels as these areas can impact on his ability to consent.
8. Following the results of further assessment John's capacity to consent to sexual behaviors with adult males and potential and known sex offenders should be reassessed.
9. Support of staff will be an important factor when supporting John due to the effects of his previous lifestyle and the target behaviors he presents with. It is important to schedule regular external supervision for the staff team to discuss issues of concerns and their feelings in relation to supporting John.
10. Additional funding will need to be sought, particularly in the first two years of providing a service for John. This will enable sufficient funds to be available for effective implementation of the grams in.
11. Support should be offered to his parents in the form of therapy. This may be especially important for Mrs. Doe due to the depression she has suffered for a number of years. This may help her in the future in her support of John.
12. A referral should be made to child services to provide additional support for Richard which would enable him to benefit from similar opportunities that John is currently being offered.

Forensic Support Service.